

**HEALTH SERVICES AND DEVELOPMENT AGENCY MEETING
MARCH 25, 2015
APPLICATION SUMMARY**

NAME OF PROJECT: The Home Option by Harden Healthcare

PROJECT NUMBER: CN1501-001

ADDRESS: 800 Oak Ridge Turnpike, Suite A 208
Oak Ridge, (Anderson County), Tennessee 37830

LEGAL OWNER: Girling Health Care Services of Knoxville, Inc.
3350 Riverwood Parkway SE, Suite 1400
Atlanta, GA (Cobb County), GA 30339-3314

OPERATING ENTITY: Not Applicable

CONTACT PERSON: Kim H. Looney
(615) 850-8722

DATE FILED: Jan 12, 2015

PROJECT COST: \$38,000

FINANCING: Cash Reserves

PURPOSE FOR FILING: Addition of 8 East Tennessee Counties to the
applicant's existing home health license

DESCRIPTION:

The Home Health Option by Harden Healthcare is seeking approval for the initiation of home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties. If approved, the applicant's sister agency Gentiva Certified Healthcare Corporation, proposes to de-license the same 8 counties. The Home Health Option by Harden is located at 800 Oak Ridge Turnpike, Suite A208, Oak Ridge (Anderson County), TN 37830 and is currently licensed in Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties.

The major focus of the applicant is to provide home health services to individuals eligible for health care services under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) which was implemented by the United States Department of Labor.

The applicant has been placed under **CONSENT CALENDAR REVIEW** in accordance with TCA 68-11-1608(d) and Agency Rule 0720-10-.05.

SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

HOME HEALTH SERVICES

1. The need for home health agencies/services shall be determined on a county by county basis.
2. In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county.
The 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed service area.
3. Using recognized population sources, projections for four years into the future will be used.
4. The use rate of existing home health agencies in the county will be determined by examining the latest utilization rate as calculated in the Joint Annual Report of existing home health agencies in the service area.

Based on the number of patients served by home health agencies in the service area, estimation will be made as to how many patients could be served in the future.

Following Steps 1-4 above the Department of Health report that is based on 2013 data, indicates that 5,718 service area residents will need home health care in 2018; however 12,696 patients are projected to be served in 2018 resulting in a net excess of 6,978 patients.

It appears that this application does not meet the criterion; however it should be noted that the applicant intends to serve only those individuals who qualify for benefits under the Energy Employees Occupational Illness Compensation Program Act which are currently being provided by a home health agency that has common ownership with the applicant. If approved, the applicant's sister

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agency, Gentiva Certified Healthcare Corporation, proposes to de-license the same 8 counties so there will not be no net increase in the number of home health agencies in the service area.

5. Documentation from referral sources:

- a. The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.

The applicant provided a letter from John T. Foust, MD, Oncologist with Thompson Cancer Center in Oak Ridge, Tennessee.

It appears this criterion has been met.

- b. The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.

The applicant will provide care to 72 chronic long-term patients in Year 1 enrolled in the EEOICPA program.

It appears this criterion has been met.

- c. The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.

If approved, the applicant's separately licensed sister agency Gentiva Certified Healthcare Corporation, proposes to de-license the same 8 counties which are currently serving EEOICPA chronic long-term patients and transfer those patients to the applicant.

It appears this criterion has been met.

- d. The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.

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The applicant specializes in providing home health services to patients under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). A majority of other home health agencies in the service area do not focus on this patient population.

It appears this criterion has been met.

6. The proposed charges shall be reasonable in comparison with those of other similar facilities in the service area or in adjoining service areas.

- a. The average cost per visit by service category shall be listed.

An EEIOCPA Home Health Fee Schedule is provided on page 7 of the supplemental response.

It appears this criterion has been met.

- b. The average cost per patient based upon the projected number of visits per patient shall be listed.

The applicant projects to serve 72 patients in Year One. The applicant's projected average cost per patient will be \$41,667.00 in Year One.

It appears this criterion has been met.

Staff Summary

Note to Agency members: This staff summary is a synopsis of the original application and supplemental responses submitted by the applicant. Any HSDA Staff comments will be presented as a "Note to Agency members" in bold italics.

Summary

Gentiva owns and operates three home health agencies in the proposed service area: 1) Gentiva Certified HealthCare Corp. (GCHC) d/b/a Gentiva Health Services (license #142), 2) Girling Health Services of Knoxville, Inc. d/b/a The Home Option by Harden Health Care (Harden) (license #148), and 3) Girling Health Care, Inc. d/b/a Gentiva Health Services (GHS) #2 (license #149). Two of the three Gentiva home health agencies are part of this application: one as the applicant (Harden) and one as the entity that will de-license 8 counties (GCHC). The third agency, GHS is licensed in all 8 of the counties that GCHC will de-

license and will provide Medicare home health services to 125 existing patients that will transfer from GCHC.

Harden currently provides services that are limited to those for the EEOICPA patient population. The Energy Employees Occupational Illness Compensation Program Act (EEOICPA) and Radiation Exposure Compensation Act (RECA) were enacted by Congress to provide compensation and health benefits to eligible Department of Energy nuclear weapons workers including former employees, contractors, and subcontractors to compensate for certain occupational illnesses. The United States Department of Labor's Office of Workers' Compensation Program is responsible for adjudicating and administering claims for former employees or certain qualified survivors.

GCHC also provides services to the EEOICPA patient population. Because the EEOICPA patient populations and the manner in which the services are delivered are different from traditional home health services, Gentiva is seeking reorganization of its existing services so that it can concentrate its delivery of services for EEOICPA patients by the Harden agency.

The applicant will not seek Medicare certification since it is not required for federal programs such as EEOICPA and RECA. An overview of the project is provided in Attachment B-1 (Executive Summary) of the original application.

The applicant projects the initiation of service on May 30, 2015.

The following table reflects the following:

- Harden with an existing payor mix of 95% EEOICPA patients will add 8 counties and focus entirely on EEOICPA patients.
- The 8 counties that will be de-licensed by GCHC will be added to Harden Home Health, with non EEOICPA patients in those counties being transferred to GHS, which is already licensed and Medicare certified in those 8 counties.
- GCHS served 779 patients in 2013, Harden served 29, and GHS served 1,467.

Overview of Gentiva owned Home Health Agencies in Proposed Service Area

	Gentiva Certified HealthCare Corp. d/b/a Gentiva Health Services (GCHC)	The Home Option by Harden Health Care License (Hardin)	Gentiva Health Services #2 License (GHS)
License #	#142	#148	#149
Payor Mix 2013	Medicare-78.2% Private Pay-0.04% Commercial: 1.8% TriCare: 0.02% Prospective Payment: 20%	95% EEOICPA 5% Private Pay	Medicare-98.8% Medicare HMO-1.2%
Patients Serviced 2013	779	29	1,467
Counties Licensed	Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Monroe, Morgan, Roane, Scott, Sevier	Anderson, Jefferson, Knox, Loudon, Sevier, Union	Anderson, Bledsoe, Blount, Campbell, Claiborne, Cocke, Cumberland, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Knox, Loudon, McMinn, Meigs, Monroe, Morgan, Pickett, Polk, Rhea, Roane, Scott, Sevier, and Union
Counties licensed if the addition of 8 East Tennessee Counties to the applicant's existing license is approved	Anderson, Cocke, Hamblen, Jefferson, Knox, Loudon, Sevier De-license: Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, Scott	Anderson, Jefferson, Knox, Loudon, Sevier, Union Add: Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, Scott	Remains the same as above Non EEOICPA (Medicare, Commercial, etc.) patients residing in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, Scott Counties will transfer to this agency

The table above reflects the following:

- Harden with an existing payor mix of 95% EEOICPA will add 8 counties and focus entirely on EEOICPA patients.
- The 8 counties that will be de-licensed by GCHC will be added to Harden, with non EEOICPA patients in those counties being transferred to GHA, which is already licensed and Medicare certified in those 8 counties.

- GCHS served 779 patients in 2013, Harden served 29, and GHS served 1,467.

Ownership

- The Home Care Option of Hardin Healthcare is owned by Girling Health Care Services of Knoxville, Inc. which is ultimately 100% owned by Gentiva Health Services, Inc.
- In October 2013, Girling Health Care Services of Knoxville, Inc. (Harden) and Girling Health Care, Inc. (GHC) were purchased by Gentiva and became wholly owned subsidiaries of Gentiva.
- Hardin (Applicant, license #148), GHC (license #149), and GCHC (license #142) are sister subsidiaries under common ownership of Gentiva Health Services, Inc.
- An organizational chart is included in attachment A-4 which shows the relationship between all 3 of the Gentiva entities.
- As of December 31, 2013, Gentiva's home health segment provided services to over 700,000 home health patients annually in 310 locations in 38 states.

Facility Information

- There is no renovation or expansion as a result of this proposed project.
- The office contains a reception area, 3 private offices, conference room, a break area, and file/supply storage area.

Project Need

- If approved, Gentiva plans to reorganize and restructure Harden and GCHC home health agencies to better meet patient needs and operate in a more efficient manner.
- The reorganization will allow GCHC to tailor home health services specific to Medicare home health criteria, recertification rates, and episodic care, and allow Harden to focus on providing home health services to EEIOCPA patients administered through a Federal worker's compensation program.

Service Area Demographics

- The total population of the 5 county service area is estimated at 372,184 residents in calendar year (CY) 2014 increasing by approximately 2.0% to 381,210 residents in (PY) 2018.
- The overall statewide population is projected to grow by 3.0% from 2014 to 2018.
- The 65 and older population will increase from 18.9% of the general population in 2014 to 19.8% in 2018. The statewide 65 and older

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population will increase from 15.2% in 2014 of the general population to 16.1% in 2018.

Sources: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics, U.S. Census Bureau, Bureau of TennCare.

Service Area Historical Utilization

The trend of home health patients served in the proposed service area is presented in the table below:

	Number of Licensed Agencies (2013)	Number of Home Health Agencies that Served (2013)	2011 Home Health Patients	2012 Home Health Patients	2013 Home Health Patients	2011-2013 Percent Changed
Blount	19	18	2,882	2,838	2,507	-13.01%
Campbell	24	18	1,500	1,593	1,715	14.33%
Claiborne	23	15	1,927	2,067	2,002	3.89%
Grainger	22	20	766	770	886	15.67%
Monroe	22	19	1,474	1,594	1,517	2.92%
Morgan	25	21	472	508	472	0.00%
Roane	26	22	2,160	2,211	2,354	8.98%
Scott	21	15	1,012	763	835	-17.49%
Service Area Total	41	38	12,193	12,344	12,288	0.78%

Source: 2011-2013 Home Health Joint Annual Report and DOH Licensure Applicable Listings.

- The chart above demonstrates there has been a 0.78% increase in home health patients served in the service area counties between 2011 and 2013.
- Grainger County reflected the largest increase in home health utilization from 766 patients in 2011 to 886 in 2013, a 15.7% increase.
- Scott County experienced the largest decrease in home health patients from 1,012 in 2011 to 835 in 2013, a 17.5% decrease.

The following chart identifies each agency's market share (agency patients from service area/total service area patients) and service area dependence (agency service area patients/agency total patients).

2013 Home Health Agency Service Market Share and Patient Origin

Licensed Agency	Home County	Agency Patients From Service Area	% Market Share of Service Area	Total Patients Served	Service Area Dependence
Clinch River Home Health	Anderson	116	0.94%	461	25.16%
Professional Case Management of Blount Memorial Hospital Home Health Services	Anderson	43	0.35%	164	26.22%
Home Health Care of East Tennessee, Inc.	Blount	1132	9.21%	1224	92.48%
Sunbelt Homecare	Bradley	645	5.25%	3318	19.44%
Amedisys Home Health of Tennessee	Campbell	252	2.05%	261	96.55%
Suncrest Home Health & Hospice	Claiborne	1728	14.06%	1830	94.43%
Smoky Mountain Home Health & Elk Valley Health Services Inc.	Claiborne	401	3.26%	852	47.07%
Home Care Solutions, Inc.	Cocke	32	0.26%	1296	2.47%
Quality Home Health	Davidson	20	0.16%	277	7.22%
Quality Private Duty Care	Davidson	125	1.02%	1930	6.48%
Amedisys Home Health Care	Fentress	992	8.07%	3404	29.14%
Premier Support Services, Inc.	Fentress	35	0.28%	879	3.98%
Univ. of TN Med. Ctr Home Health/Hospice Service	Hamblen	669	5.44%	3896	17.17%
Alere Women's and Children's Health LLC	Hamblen	85	0.69%	1169	7.27%
Amedisys Home Health	Hamblen	104	0.85%	1327	7.84%
Camellia Home Health of Southeast Tennessee (Closed 9/2013)	Hamilton	2	0.02%	74	2.70%
Gentiva Health Services	Hamilton	179	1.46%	2878	6.22%
Hancock County Home Health & Hospice Agency	Hamilton	0	0.00%	269	0.00%
Hometown Home Health Care, Inc.	Hamilton	0	0.00%	328	0.00%
	Hancock	118	0.96%	463	25.49%
	Hawkins	6	0.05%	89	6.74%

Amedisys Home Health Care	Knox	862	7.01%	5354	16.10%
Camellia Home Health of East Tennessee	Knox	358	2.91%	1716	20.86%
Careall Home Care Services	Knox	206	1.68%	510	40.39%
Covenant Homecare	Knox	883	7.19%	3953	22.34%
East Tennessee Children's Hospital Home Health	Knox	167	1.36%	586	28.50%
Gentiva Health Services	Knox	125	1.02%	779	16.05%
Gentiva Health Services 2 (Girling Health Care)	Knox	206	1.68%	1467	14.04%
Maxim Healthcare Services, Inc.	Knox	52	0.42%	159	32.70%
NHC Homecare	Knox	44	0.36%	613	7.18%
Tennova Healthcare Home Health	Knox	573	4.66%	3063	18.71%
UTMCK-Home Care Services: Hospice & Home Care	Knox	947	7.71%	3439	27.54%
Deaconess Homecare	Lincoln	0	0.00%	842	0.00%
Home Care Solutions - Etowah (Closed 10/2014)	McMinn	70	0.57%	283	24.73%
NHC Homecare	McMinn	42	0.34%	239	17.57%
Intrepid USA Healthcare Services	Monroe	33	0.27%	358	9.22%
Sweetwater Hospital Home Health	Monroe	464	3.78%	613	75.69%
Professional Home Health Care Agency	Other	13	0.11%	2641	0.49%
Amedisys Home Health	Overton	112	0.91%	1453	7.71%
NHC Homecare	Rutherford	2	0.02%	3776	0.05%
Deaconess Homecare	Scott	382	3.11%	394	96.95%
Agencies That Served One or More Counties they are not licensed to serve		63			
Service Area Total		12,288			

Source: 2013 Joint Annual Report

The chart on the preceding two pages reveals the following market share information and patient origin information:

- Even though there are 41 home health agencies that are licensed in the service area, only 1 agency had market share in excess of 10%: Amedisys Home Health of Tennessee (14.06%).
- 7 agencies had market share between 5% and 10%: Home Health Care of East Tennessee, Inc. (5.25%), Amedysis Home Health Care-Hamblen (5.44%), Amedysis Home Health Care, Knox (7.01%), Covenant Homecare (7.19%), UTMCK-Home Care Services: Hospice and Home Care (7.71%), Quality Home Health (8.07%), and Blount Memorial Hospital Home Heal Servicers (9.21%).
- The following three home health agencies were licensed to provide home health services, but did not provide care to any patients in 2013: Camelia Home Health of Southeast Tennessee (closed September 2013), Gentiva Health Services (Hamilton), and Deaconess Homecare (Lincoln).

Projected Utilization (Applicant)

- 72 patients are projected in Year 1 (2015) and 83 patients in Year 2 (2016).

Project Cost

Costs of the \$38,000 total estimated project cost are:

- Legal, Administrative, Consultant Fees- \$35,000, and
- CON Filing Fee- \$3,000

Financing

A January 28, 2015 letter from Gentiva Health Services, Inc.'s Chief Financial Officer confirms the availability of cash reserves to fund the project's Legal, Administrative, and Consultant Fee cost of \$35,000.

Gentiva's audited financial statements for the period ending December 31, 2013 indicates \$55,076,000 in, total current assets (cash and cash equivalents only), total current liabilities of \$45,325,000 and a current ratio of 1.21:1. Pages 59-62 of Gentiva's 2013 Annual Report (approximately 170 pages) are included in the full report that will be emailed upon request.

Note to Agency members: Current ratio is a measure of liquidity and is the ratio of current assets to current liabilities which measures the ability of an entity to cover its current liabilities with its existing current assets. A ratio of 1:1 would be required to have the minimum amount of assets needed to cover current liabilities.

Historical Data Chart

- The Home Option by Harden Healthcare reported a net operating income of \$987,027 in its 2014 fiscal year period, a margin of approximately 32.3% of gross operating revenues.
- Gross Operating Revenue was reported as \$3,057,811 in 2014.
- Only one year of historical data is available for review. Gentiva did not acquire the Home Option by Harden Healthcare until the end of 2013.

Projected Data Chart

The Projected Data Chart reflects \$3,000,000.00 in total gross revenue on 72 patients during the first year of operation and \$3,500,000.00 on 83 patients in Year Two (approximately \$42,169.00 per patient). The Projected Data Chart reflects the following:

- Net operating income is estimated at \$1,105,950 in Year One increasing to \$1,265,867 in Year Two.
- Projected NOI calculates to approximately 37% of gross revenues in Year 1 and 36.2% in Year 2.
- Deductions from operating revenue for bad debt are estimated at \$20,000 or approximately 0.6% of total gross revenue in Year Two. The applicant included no provisions for contractual adjustments or charity care.

Charges

In Year One of the proposed project, the average charge per visit is as follows:

- The proposed average gross charge is \$41,667.00/patient
- The average deduction is \$278.00/patient visit, producing an average net charge of \$41,388.00/patient visit.

Medicare/TennCare Payor Mix

- EEOICPA- Charges will equal \$2,700,000 in Year One representing 90% of total gross revenue.
- Private Pay- Charges will equal \$300,000 in Year One representing 10%.

Staffing

The applicant's direct patient care staffing in Year One includes the following:

Position	Year 1	Year 2
Administrator	1	1
RN Case Manager	1	1
Field RN Case Manager	1	2
Intake Coordinators	2	1
Staff RNs	2	2
Staff LPNs	8	12
Staff HHA/CNA	16	22
TOTAL	31	41

Source: CN1501-001

Licensure/Accreditation

The Home Option by Hardin Healthcare is licensed by the Tennessee Department of Health. The last survey conducted by the Tennessee Department of Health occurred on March 11, 2013 with no deficiencies cited.

Corporate documentation, real estate lease, and detailed demographic information are on file at the Agency office and will be available at the Agency meeting.

Should the Agency vote to approve this project, the CON would expire in **two** years.

CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT

There are no other Letters of Intent, denied or pending applications, or outstanding Certificates of Need for this applicant.

CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:

There are no other Letters of Intent for other health care organizations in the service area proposing this type of service.

Denied Applications:

Critical Care Nursing, CN1210-049D, was denied at the January 23, 2013 Agency meeting for the establishment of a home care organization located at 575 Oak Ridge Turnpike, Oak Ridge (Anderson County), TN. The individuals to who CCN intended to provide home health services are those eligible to receive such services because of their qualifications for benefits under either the Energy Employees Occupational Illness

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Compensation Program Act or the Federal Black Lung program. CCN proposed to offer home health services in Anderson, Campbell, Knox, Loudon, Monroe, Morgan, Roane, and Union Counties. *Reasons for Denial: There is no real need. The care is being adequately provided by other agencies in the area, and the applicant did not provide adequate evidence to prove that need is really there.*

Pending Applications

Implanted Pump Management, CN1406-027, has a pending application scheduled to be heard at the March 25, 2015 Agency meeting. The application is for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The parent office will be located at 200 Prosperity Place #102, Knoxville (Knox County), TN 37932. There are no branch offices proposed for this project. The service area includes all 95 counties in Tennessee. The estimated project cost is **\$8,100.00**.

Pentec Health, Inc., CN1411-046, has a pending application scheduled to be heard at the March 25, 2015 Agency meeting. The application is for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump infusion and Ig-G replacement therapy services in all counties in Tennessee except Hancock, Perry and VanBuren Counties. The parent office will be located in leased space at 424 Church Street, Suite 2000, Nashville (Davidson County), TN. No branch offices are proposed. The applicant plans to utilize Pentec Health's existing pharmacy whose compounding branch site is located at the parent office at 4 Creek Parkway in Boothwyn, PA. The pharmacy has an active Tennessee license. The estimated project cost is **\$142,028.00**.

Outstanding Applications

Coram Alternative Site Services, Inc. d/b/a Coram Specialty Infusion Services, CN1406-017A, has an outstanding Certificate of Need that will expire on November 1, 2016. The application was approved at the September 24, 2014 Agency meeting for the establishment of a home care organization to provide the following specialized home health services related to home infusion: administer home infusion products and related infusion nursing services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports. The proposed service area includes the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington, from its licensed home infusion

pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville (Knox County), TN 37932. The estimated project cost is \$95,200.00. *Project Status: A representative of the applicant indicated by email on 02/23/15 that an initial licensure survey will be scheduled in the near future after new staff members are trained.*

PLEASE REFER TO THE REPORT BY THE DEPARTMENT OF HEALTH, DIVISION OF HEALTH STATISTICS, FOR A DETAILED ANALYSIS OF THE STATUTORY CRITERIA OF NEED, ECONOMIC FEASIBILITY, AND CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE IN THE AREA FOR THIS PROJECT. THAT REPORT IS ATTACHED TO THIS SUMMARY IMMEDIATELY FOLLOWING THE COLOR DIVIDER PAGE.

PME 02/23/2015

LETTER OF INTENT



State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243
www.tn.gov/hsda

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Phone: 615-741-2364 Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in the The Daily Times, LaFollette Press, Claiborne Progress, Grainger Today, The Advocate & Democrat, Morgan County News, Roane County News, and Independent Herald

(Name of Newspaper)

which are newspapers of general circulation in the counties of: Blount (The Daily Times), Campbell (LaFollette Press), Claiborne, Grainger, Monroe (The Advocate & Democrat), Morgan, Roane, and Scott (Independent Herald),

(County)

Tennessee, on or before January 8, 20 15 for one day.
(Month/Day) (Year)

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

The Home Option by Harden Healthcare
(Name of Applicant)

Home Health Agency
(Facility Type-Existing)

owned by: Girling Health Care Services of Knoxville, Inc. with an ownership type of corporation

and to be managed by: itself intends to file an application for a Certificate of Need

for [PROJECT DESCRIPTION BEGINS HERE]:

the initiation of home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties, Tennessee through the transfer of these counties from its licensed sister agency Gentiva Certified Healthcare Corp. No new counties will be added as a result of the transfer from one sister agency to another. The Home Option by Harden Healthcare is located at 800 Oak Ridge Turnpike, Suite A208, Oak Ridge, Tennessee 37830 and is currently licensed in Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties. The cost of this project is expected to be less than \$50,000.

The anticipated date of filing the application is: January 12, 20 15

The contact person for this project is

Kim H. Looney, Esq.

Attorney

(Contact Name)

(Title)

who may be reached at:

Waller Lansden Dortch & Davis LLP
(Company Name)

511 Union Street, Suite 2700
(Address)

Nashville

TN
(State)

37219
(Zip Code)

615 / 850-8722
(Area Code) / (Phone Number)

Kim H. Looney
(Signature)

1-7-15
(Date)

Kim.Looney@wallerlaw.com
(Email-Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

COPY

THE HOME OPTION
BY HARDEN HEALTH
CARE

CN1501-001

2012-10-15 15:42:22

1. Name of Facility, Agency, or Institution
The Home Option by Harden Health Care
Name
800 Oak Ridge Turnpike, Suite A 208
Street or Route
Oak Ridge
City
TN
State
Anderson
County
37830-6957
Zip Code
2. Contact Person Available for Responses to Questions
Kim H. Looney
Name
Waller Lansden Dortch & Davis LLP
Company Name
511 Union Street, Suite 2700
Street or Route
Nashville
City
Attorney
Title
kim.looney@wallerlaw.com
Email address
TN
State
37219
Zip Code
Attorney
Association with Owner
615-850-8722
Phone Number
615-244-6804
Fax Number
3. Owner of the Facility, Agency or Institution
Girling Health Care Services of Knoxville, Inc.
Name
3350 Riverwood Parkway SE, Suite 1400
Street or Route
Atlanta
City
GA
State
800-677-2244
Phone Number
Cobb
County
30339-3314
Zip Code
4. Type of Ownership of Control (Check One)

A. Sole Proprietorship _____

B. Partnership _____

C. Limited Partnership _____

D. Corporation (For Profit) X

E. Corporation (Not-for-Profit) _____

F. Government (State of TN or Political Subdivision) _____

G. Joint Venture _____

H. Limited Liability Company _____

I. Other (Specify) _____

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

Response: Please see organizational documents and an organizational chart included as Attachment A-4.

5. **Name of Management/Operating Entity (If Applicable)**

N/A

Name

Street or Route

County

City

State

Zip Code

PUT ALL ATTACHMENTS AT THE END OF THE APPLICATION IN ORDER AND
REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

6. **Legal Interest in the Site of the Institution (Check One)**

A. Ownership

D. Option to Lease

B. Option to Purchase

E. Other (Specify)

C. Lease of 3 Years

X

PUT ALL ATTACHMENTS AT THE END OF THE APPLICATION IN ORDER AND
REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

Response: Please see Lease included as Attachment A-6.

7. **Type of Institution (Check as appropriate--more than one response may apply)**

A. Hospital (Specify)

I. Nursing Home

B. Ambulatory Surgical Treatment
Center (ASTC), Multi-Specialty

J. Outpatient Diagnostic Center

C. ASTC, Single Specialty

K. Recuperation Center

D. Home Health Agency

L. Rehabilitation Facility

E. Hospice

M. Residential Hospice

F. Mental Health Hospital

N. Non-Residential Methadone
FacilityG. Mental Health Residential
Treatment Facility

O. Birthing Center

H. Mental Retardation Institutional
Habilitation Facility (ICF/MR)P. Other Outpatient Facility
(Specify)

Q. Other (Specify)

8. **Purpose of Review (Check) as appropriate--more than one response may apply)**

A. New Institution

G. Change in Bed Complement

B. Replacement/Existing Facility

[Please note the type of change
by underlining the appropriate
response: Increase, Decrease,
Designation, Distribution,
Conversion, Relocation]

C. Modification/Existing Facility

D. Initiation of Health Care
Service as defined in
TCA § 68-11-1607(4)
(Specify)

H. Change of Location

E. Discontinuance of OB Services

I. Other (Specify) Transfer of counties
from one HHA to another

F. Acquisition of Equipment

X

9. **Bed Complement Data** N/A

Please indicate current and proposed distribution and certification of facility beds.

	Current Beds		Staffed	Beds	TOTAL
	Licensed	*CON	Beds	Proposed	Beds at Completion
A. Medical	_____	_____	_____	_____	_____
B. Surgical	_____	_____	_____	_____	_____
C. Long-Term Care Hospital	_____	_____	_____	_____	_____
D. Obstetrical	_____	_____	_____	_____	_____
E. ICU/CCU	_____	_____	_____	_____	_____
F. Neonatal	_____	_____	_____	_____	_____
G. Pediatric	_____	_____	_____	_____	_____
H. Adult Psychiatric	_____	_____	_____	_____	_____
I. Geriatric Psychiatric	_____	_____	_____	_____	_____
J. Child/Adolescent Psychiatric	_____	_____	_____	_____	_____
K. Rehabilitation	_____	_____	_____	_____	_____
L. Nursing Facility (non-Medicaid Certified)	_____	_____	_____	_____	_____
M. Nursing Facility Level 1 (Medicaid only)	_____	_____	_____	_____	_____
N. Nursing Facility Level 2 (Medicare only)	_____	_____	_____	_____	_____
O. Nursing Facility Level 2 (dually certified Medicaid/Medicare)	_____	_____	_____	_____	_____
P. ICF/MR	_____	_____	_____	_____	_____
Q. Adult Chemical Dependency	_____	_____	_____	_____	_____
R. Child and Adolescent Chemical Dependency	_____	_____	_____	_____	_____
S. Swing Beds	_____	_____	_____	_____	_____
T. Mental Health Residential Treatment	_____	_____	_____	_____	_____
U. Residential Hospice	_____	_____	_____	_____	_____
TOTAL	=====	=====	=====	=====	=====

*CON-Beds approved but not yet in service

10. **Medicare Provider Number** N/A
Certification Type N/A

11. **Medicaid Provider Number** N/A
Certification Type N/A

12. If this is a new facility, will certification be sought for Medicare and/or Medicaid? N/A

13. **Identify all TennCare Managed Care Organizations/Behavioral Health Organizations (MCOs/BHOs) operating in the proposed service area. Will this project involve the treatment of TennCare participants? No** If the response to this item is yes, please identify all MCOs/BHOs with which the applicant has contracted or plans to contract.

Discuss any out-of-network relationships in place with MCOs/BHOs in the area. N/A

NOTE: **Section B** is intended to give the applicant an opportunity to describe the project and to discuss the need that the applicant sees for the project. **Section C** addresses how the project relates to the Certificate of Need criteria of Need, Economic Feasibility, and the Contribution to the Orderly Development of Health Care. Discussions on how the application relates to the criteria should not take place in this section unless otherwise specified.

SECTION B: PROJECT DESCRIPTION

Please answer all questions on 8 1/2" x 11" white paper, clearly typed and spaced, identified correctly and in the correct sequence. In answering, please type the question and the response. All exhibits and tables must be attached to the end of the application in correct sequence identifying the questions(s) to which they refer. If a particular question does not apply to your project, indicate "Not Applicable (NA)" after that question.

- I. Provide a brief executive summary of the project not to exceed two pages. Topics to be included in the executive summary are a brief description of proposed services and equipment, ownership structure, service area, need, existing resources, project cost, funding, financial feasibility and staffing.

Response: Please see Executive Summary included as Attachment B-I.

- II. Provide a detailed narrative of the project by addressing the following items as they relate to the proposal.
 - A. Describe the construction, modification and/or renovation of the facility (exclusive of major medical equipment covered by T.C.A. § 68-11-1601 et seq.) including square footage, major operational areas, room configuration, etc. Applicants with hospital projects (construction cost in excess of \$5 million) and other facility projects (construction cost in excess of \$2 million) should complete the Square Footage and Cost per Square Footage Chart. Utilizing the attached Chart, applicants with hospital projects should complete Parts A.-E. by identifying as applicable nursing units, ancillary areas, and support areas affected by this project. Provide the location of the unit/service within the existing facility along with current square footage, where, if any, the unit/service will relocate temporarily during construction and renovation, and then the location of the unit/service with proposed square footage. The total cost per square foot should provide a breakout between new construction and renovation cost per square foot. Other facility projects need only complete Parts B.-E. Please also discuss and justify the cost per square foot for this project.

If the project involves none of the above, describe the development of the proposal.

Response: Gentiva Health Services, Inc. ("Gentiva") is a leading provider of home health services, hospice services, and community care services serving patients through approximately 550 locations in 40 states. Gentiva provides a single source for skilled nursing, physical, occupational, speech and neurorehabilitation services; hospice services; social work; nutrition; disease management education; help with daily living activities; and other therapies and services. Gentiva delivers innovative, high quality care to patients across the United States.

Gentiva's home health segment is comprised of direct home nursing and therapy services operations, including specialty programs. As of December 31, 2013, the home health segment conducted its business through approximately 310 locations located in 38 states, and provided services to over 700,000 patients annually. Gentiva delivers consistently high quality and targeted services to its patients, along with screening and evaluation procedures and training programs for clinical associates who provide direct care to patients.

During the latter part of 2013, Gentiva completed the acquisition of Harden Healthcare Holdings, Inc. The applicant, The Home Option by Harden Health Care ("Harden") was acquired in that transaction. Gentiva regularly reviews its structure and has determined that it would be in both its best interests and the patients it serves to request the reorganization described in this application.

Harden is currently licensed in Anderson, Knox, Jefferson, Loudon, Sevier and Union Counties. The applicant proposes to add the counties of Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott to its licensed service area through the transfer of those counties from Gentiva Certified Healthcare Corp. ("GCHC"), a sister agency whose license includes them. Upon implementation of the project, GCHC would give up those licensed counties so there is no duplication of services.

Harden currently delivers home health services primarily to persons eligible for benefits as provided under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) and the Radiation Exposure Compensation Act (RECA). To compensate for certain occupation-related illnesses, these statutes were enacted by Congress to provide compensation and health benefits to eligible Department of Energy nuclear weapons workers (including employees, former employees, contractors and subcontractors) and lump-sum compensation to certain survivors if the worker is deceased. The Energy Employees Occupational Illness Compensation Program (EEOICP) provides benefits authorized by the EEOICPA and RECA. The Department of Labor's Office of Workers' Compensation Programs is responsible for adjudicating and administering claims filed by employees or former employees or certain qualified survivors. As an enrolled medical provider under the EEOICPA, Harden specializes in meeting the chronic long-term nursing care needs of approved beneficiaries.

The reorganization will enable Gentiva to structure its existing agencies so that the care provided for patients of this EEOICPA program will be concentrated primarily in Harden. Both Harden and GCHC are enrolled providers with the Department of Labor for the provision of these services, and both providers provide these services. However, Harden focuses on the services through the EEOICPA and GCHC provides primarily traditional home health services reimbursed through the Medicare program. Those providers have specific criteria on which they are compared and judged, including recertification rates, and focus on episodic care, which is different from the services provided pursuant to the EEOICPA program, which is structured more like a worker's compensation program and is reimbursed through the Department of Labor. Although Gentiva can continue to provide these services if this application is not granted, it feels that this reorganization will allow it to better meet its patient needs and provide the services in a more efficient manner if it is allowed to restructure the provision of the services in the manner proposed.

- B. Identify the number and type of beds increased, decreased, converted, relocated, designated, and/or redistributed by this application. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the existing services.

Response: Not applicable.

C. As the applicant, describe your need to provide the following health care services (if applicable to this application):

1. Adult Psychiatric Services
2. Alcohol and Drug Treatment for Adolescents (exceeding 28 days)
3. Birthing Center
4. Burn Units
5. Cardiac Catheterization Services
6. Child and Adolescent Psychiatric Services
7. Extracorporeal Lithotripsy
8. **Home Health Services**
9. Hospice Services
10. Residential Hospice
11. ICF/MR Services
12. Long-term Care Services
13. Magnetic Resonance Imaging (MRI)
14. Mental Health Residential Treatment
15. Neonatal Intensive Care Unit
16. Non-Residential Methadone Treatment Centers
17. Open Heart Surgery
18. Positron Emission Tomography
19. Radiation Therapy/Linear Accelerator
20. Rehabilitation Services
21. Swing Beds

Response: There are no new home health services being proposed. The applicant proposes to initiate home health services in the counties of Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott through the transfer of these counties from GCHC, its licensed sister agency. Home health services are already provided in the proposed counties by its GCHC. After the Project is implemented Harden will be licensed in the above counties as well as its existing counties of operation of Anderson, Jefferson, Knox, Loudon, Sevier and Union. GCHC, the sister agency, will then give up its license for the counties of Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott, so that there is no duplication of these counties. Home health services are currently provided by Gentiva in all these counties through two licensed home health agencies - Harden and GCHC.

D. Describe the need to change location or replace an existing facility.

Response: Not applicable.

E. Describe the acquisition of any item of major medical equipment (as defined by the Agency Rules and the Statute) which exceeds a cost of \$1.5 million; and/or is a magnetic resonance imaging (MRI) scanner, positron emission tomography (PET) scanner, extracorporeal lithotripter and/or linear accelerator by responding to the following:

1. For fixed-site major medical equipment (not replacing existing equipment):
 - a. Describe the new equipment, including:
 1. Total cost ;(As defined by Agency Rule).

2. Expected useful life;
3. List of clinical applications to be provided; and
4. Documentation of FDA approval.

Response: Not applicable.

- b. Provide current and proposed schedules of operations.

Response: Not applicable.

2. For mobile major medical equipment:

- a. List all sites that will be served;
- b. Provide current and/or proposed schedule of operations;
- c. Provide the lease or contract cost.
- d. Provide the fair market value of the equipment; and
- e. List the owner for the equipment.

Response: Not applicable.

3. Indicate applicant's legal interest in equipment (*i.e.*, purchase, lease, etc.) In the case of equipment purchase include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.

Response: Not applicable.

III. (A) Attach a copy of the plot plan of the site on an 8 1/2" x 11" sheet of white paper which **must** include:

1. Size of site (*in acres*);
2. Location of structure on the site; and
3. Location of the proposed construction.
4. Names of streets, roads or highway that cross or border the site.

Please note that the drawings do not need to be drawn to scale. Plot plans are required for all projects.

Response: Please see plot plan included as Attachment B.III.(A).

- (B) 1. Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.

Response: The office for Harden is located in an office building on the Oak Ridge Turnpike. The major cross street other than Oak Ridge Turnpike is Georgia Avenue.

IV. Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. on an 8 1/2" x 11" sheet of white paper.

NOTE: **DO NOT SUBMIT BLUEPRINTS.** Simple line drawings should be submitted and need not be drawn to scale.

Response: Please see floor plan included as Attachment B.IV.

V. For a Home Health Agency or Hospice, identify:

1. Existing service area by County;

Response: Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties

2. Proposed service area by County;

Response: Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties plus existing service area of Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties

3. A parent or primary service provider;

Response: The parent office is located in Oak Ridge.

4. Existing branches; and

Response: The license of applicant includes a branch office in Knoxville.

5. Proposed branches.

Response: Not applicable.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with Tennessee Code Annotated § 68-11-1609(b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, and will contribute to the orderly development of health care." The three (3) criteria are further defined in Agency Rule 0720-4-.01. Further standards for guidance are provided in the state health plan (Guidelines for Growth), developed pursuant to Tennessee Code Annotated §68-11-1625.

The following questions are listed according to the three (3) criteria: (I) Need, (II) Economic Feasibility, and (III) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. Please type each question and its response on an 8 1/2" x 11" white paper. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer. If a question does not apply to your project, indicate "Not Applicable (NA)."

QUESTIONS

NEED

1. Describe the relationship of this proposal toward the implementation of the State Health Plan and Tennessee's Health: Guidelines for Growth.

- a. Please provide a response to each criterion and standard in Certificate of Need Categories that are applicable to the proposed project. Do not provide responses to General Criteria and Standards (pages 6-9) here.
- b. Applications that include a Change of Site for a health care institution, provide a response to General Criterion and Standards (4)(a-c)

STATE HEALTH PLAN

Tennessee Code Annotated Section 68-11-1625 requires the Tennessee Department of Health's Division of Health Planning to develop and annually update the State Health Plan (found at <http://www.tn.gov/finance/healthplanning/>). The State Health Plan guides the state in the development of health care programs and policies and in the allocation of health care resources in the state, including the Certificate of Need program. The 5 Principles for Achieving Better Health form the State Health Plan's framework and inform the Certificate of Need program and its standards and criteria.

Please discuss how the proposed project will relate to the 5 Principles for Achieving Better Health found in the State Health Plan. Each Principle is listed below with example questions to help the applicant in its thinking.

1. The purpose of the State Health Plan is to improve the health of Tennesseans.

- a. How will this proposal protect, promote, and improve the health of Tennesseans over time?

Response: This proposal transfers counties within the same owner. There are no new services being provided or additional counties for home health services being added as a result of this application. This reorganization will allow the applicant to provide services in a more efficient manner, thereby creating an opportunity to provide services to a greater number of Tennesseans in the future. In addition, these efficiencies will improve the applicant's ability to provide fiscally responsible care to Tennesseans as an alternative to both inpatient care and Nursing Facility Care.

- b. What health outcomes will be impacted and how will the applicant measure improvement in health outcomes?

Response: The transfer of counties to Harden's license will allow it to provide focused, efficient, and effective care to those Tennesseans exposed to radiation during their tenure as employees with the United States Department of Energy. The majority of these Tennesseans receive care from this program until the end of life. Given the long-term nature of these illnesses, the applicant has an improved ability to provide long-term in-home services from the initiation of care through the end of life. While health outcomes will not be impacted, the Tennesseans receiving care will be pleased to know that they can access a single entity for the duration of their care.

c. How does the applicant intend to act upon available data to measure its contribution to improving health outcomes?

Response: Gentiva reviews information to ensure that the care that is provided by its home health agencies is of high quality. Gentiva's mission statement to its patients is to always keep its patients and their families first by enhancing their quality of life through the professional delivery of clinical excellence, extraordinary service and compassionate restorative and palliative homecare and hospice services.

2. Every citizen should have reasonable access to health care.

a. How will this proposal improve access to health care? You may want to consider geographic, insurance, use of technology, and disparity issues (including income disparity), among others.

Response: Not applicable. The applicant seeks to have home health services reallocated from one licensed agency to another. While this proposal will not improve access to health care, it will expand the access for patients to those health care providers with expertise in the provision of services through this specialty program. All recipients of these services, regardless of income level, educational level, or urban/rural location within the proposed service area will be treated equally and with the same level of access to this service.

b. How will this proposal improve information provided to patients and referring physicians?

Response: This proposal will expand the applicant's ability to provide complete, focused services to a specialized population. Most members of the healthcare community are unaware or may not completely understand the scope and eligibility requirements of this program. The applicant will be able to provide educational and informational sessions to providers, patients, and future recipients of this program.

c. How does the applicant work to improve health literacy among its patient population, including communications between patients and providers?

Response: Education is the cornerstone of patient compliance and accountability for their care. As a home care provider, the applicant has a responsibility to coordinate care on behalf of the recipient, thereby serving as a primary conduit between the patient and the provider.

3. The State's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies, and the continued development of the State's health care system.

a. How will this proposal lower the cost of health care?

Response: This reorganization will not alter the cost of health care services provided. The applicant will ensure that the patient is receiving the most appropriate care in the right setting, at the right time and reimbursed by the correct payer. While the applicant specializes in providing in-home services, the applicant will ensure that the patient receives care in the most cost-effective setting. Fiscal

responsibility by the applicant or any health care entity allows all providers to be able to maximize the number of Tennesseans that can receive care with significant budgetary restraints at both the state and federal level.

b. How will this proposal encourage economic efficiencies?

Response: As described in 3a, the applicant has a fiscal responsibility to ensure that the maximum number of eligible Tennesseans have the opportunity to receive care with a discrete amount of dollars.

c. What information will be made available to the community that will encourage a competitive market for health care services?

Response: While the service offerings will not change, as the community becomes more aware of the ability of the applicant to provide long-term quality care to this population, the market will continue to demand a higher quality of care at a lower cost thereby increasing market competitiveness.

4. Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers.

a. How will this proposal help health care providers adhere to professional standards?

Response: The applicant has a long history of providing regulatory compliant, personalized and professional care to those recipients that have entrusted Gentiva with their care. Harden will facilitate the coordination of care among all providers. The availability of more complete information regarding a recipient will provide each service provider with the ability to provide high quality, professional services to its patients.

b. How will this proposal encourage continued improvement in the quality of care provided by the health care workforce?

Response: As described in 3c, market awareness and a competitive marketplace will drive quality of care and fiscal accountability between health care providers.

5. The state should support the development, recruitment, and retention of a sufficient and quality health care workforce.*

a. How will this proposal provide employment opportunities for the health care workforce?

Response: As a current provider of home health services, the applicant will continue to need a trained workforce and will seek to ensure that its workers are appropriately trained. In addition, if and when its services are expanded and it might need additional workers, it will apply the same standards to additional workers as it applies to its current workforce. Gentiva feels its clinicians are the best trained in the industry.

b. How will this proposal complement the existing Service Area workforce?

Response: Not applicable. This proposal is not anticipated to have any effect on the existing Service Area workforce.

2. Describe the relationship of this project to the applicant facility's long-range development plans, if any.

Response: As it acquires other home health agencies, Gentiva reviews its acquisitions and determines what changes in operation may need to be made. This proposed reorganization is consistent with those plans.

3. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map including the State of Tennessee clearly marked to reflect the service area. **Please submit the map on 8 1/2" x 11" sheet of white paper marked only with ink detectable by a standard photocopier (i.e., no highlighters, pencils, etc.).**

Response: Please see a map of the existing and proposed service area included as Attachment C-Need-3. The counties that are being transferred from GCHC to Harden are contiguous to its existing service area. It is reasonable to expect that this change will allow Gentiva to organize its provision of services in such a way as to provide them more efficiently.

4. A. Describe the demographics of the population to be served by this proposal.

Response: The following chart sets forth the current population and the 2018 projected population in Tennessee and in the proposed service area of Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott counties. As can be seen in the information below, the population aged 65 and older is expected to experience the largest growth during this time period. It is this population that is expected to be the heaviest user of the home health services provided by the applicant.

Projected Population

2015-2018

Total Proposed Service Area			
Age	2015	2018	% Change
0 to 19	86,789	87,381	0.7
20 to 44	109,996	112,224	2.0
45 to 64	105,293	106,218	0.9
65 to 74	42,501	44,526	4.8
75 plus	27,605	30,861	11.8
Total	372,184	381,210	2.4

Tennessee

Age	2015	2018	% Change
0 to 19	1,683,742	1,707,590	1.4
20 to 44	2,179,086	2,213,167	1.6
45 to 64	1,773,673	1,810,339	2.1
65 to 74	610,343	666,000	9.1
75 plus	402,594	436,413	8.4
Total	6,649,438	6,833,509	2.8

Blount County

Age	2015	2018	% Change
0 to 19	30,791	31,601	2.6
20 to 44	38,617	40,212	4.1
45 to 64	36,753	37,529	2.1
65 to 74	14,246	15,158	6.4
75 plus	9,566	10,671	11.6
Total All Ages:	129,973	135,171	4.0

Campbell County

Age	2015	2018	% Change
0 to 19	9,825	9,936	1.1
20 to 44	12,663	12,810	1.2
45 to 64	11,502	11,698	1.7
65 to 74	4,749	4,792	0.9
75 plus	3,044	3,330	9.4
Total	41,783	42,566	1.9

Claiborne County

Age	2015	2018	% Change
0 to 19	7,443	7,622	2.4
20 to 44	10,263	10,388	1.2
45 to 64	9,059	8,892	(1.8)
65 to 74	3,657	3,832	4.8
75 plus	2,343	2,546	8.7
Total	32,765	33,280	1.6

represents a compilation of the demographic data for the counties in the projected service area.

DEMOGRAPHIC CHARACTERISTICS

Demographic	Proposed Service Area	Tennessee
Median Household Income	\$36,172*	\$44,298
TennCare Enrollees (04/2014)	76,156	1,241,028
Percent of 2014 Population Enrolled in TennCare	20.6%	18.8%

Source: U.S. Census QuickFacts and FactFinder 2; TennCare Bureau

* Average of median household income in proposed service area.

- B. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

Response: All recipients of services through the EEOICPA, regardless of income level, educational level, or urban/rural location within the proposed services area will be treated equally and with the same level of access to this service, as is currently being done.

5. Describe the existing or certified services, including approved but unimplemented CONs, of similar institutions in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. Be certain to list each institution and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: admissions or discharges, patient days, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc.

Response: Not applicable. The applicant is not proposing any new services or licensed counties, so the proposal will have no effect on existing providers.

6. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three (3) years and the projected annual utilization for each of the two (2) years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

Response:

Grainger County

Age	2015	2018	% Change
0 to 19	5,668	5,904	4.2
20 to 44	6,849	7,160	4.5
45 to 64	6,390	6,054	(5.3)
65 to 74	2,702	2,703	.04
75 plus	1,627	1,854	14.0
Total	23,236	23,675	1.9

Monroe County

Age	2015	2018	% Change
0 to 19	10,810	10,634	(1.6)
20 to 44	13,271	13,324	0.4
45 to 64	13,157	13,790	4.8
65 to 74	5,900	6,207	5.2
75 plus	3,425	4,133	20.7
Total	46,563	48,088	3.3

Morgan County

Age	2015	2018	% Change
0 to 19	4,749	4,656	(2.0)
20 to 44	7,281	7,174	(1.5)
45 to 64	6,309	6,378	1.1
65 to 74	2,199	2,329	5.9
75 plus	1,332	1,467	10.1
Total	21,870	22,004	0.6

Roane County

Age	2015	2018	% Change
0 to 19	11,705	11,319	(3.3)
20 to 44	14,323	14,397	0.5
45 to 64	16,350	16,233	(0.7)
65 to 74	6,883	7,254	5.4
75 plus	4,818	5,254	9.0
Total	54,079	54,457	0.7

Scott County

Age	2015	2018	% Change
0 to 19	5,798	5,709	(1.5)
20 to 44	6,729	6,759	0.4
45 to 64	5,773	5,644	(2.2)
65 to 74	2,165	2,251	4.0
75 plus	1,450	1,606	10.8
Total	21,915	21,969	0.2

Source: The Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics

Additional information on the demographics of Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott counties is taken from the U.S. Census Bureau and is included as Attachment C-Need-4. The following table

ECONOMIC FEASIBILITY

1. Provide the cost of the project by completing the Project Costs Chart on the following page. Justify the cost of the project.
 - All projects should have a project cost of at least \$3,000 on Line F. (Minimum CON Filing Fee). CON filing fee should be calculated from Line D. (See Application Instructions for Filing Fee)
 - The cost of any lease (building, land, and/or equipment) should be based on fair market value or the total amount of the lease payments over the initial term of the lease, whichever is greater. Note: This applies to all equipment leases including by procedure or "per click" arrangements. The methodology used to determine the total lease cost for a "per click" arrangement must include, at a minimum, the projected procedures, the "per click" rate and the term of the lease.
 - The cost for fixed and moveable equipment includes, but is not necessarily limited to, maintenance agreements covering the expected useful life of the equipment; federal, state, and local taxes and other government assessments; and installation charges, excluding capital expenditures for physical plant renovation or in-wall shielding, which should be included under construction costs or incorporated in a facility lease.
 - For projects that include new construction, modification, and/or renovation; documentation must be provided from a contractor and/or architect that support the estimated construction costs.

Response: There are no costs to the project other than the legal costs associated with the application and the filing fee. These costs will be paid on an ongoing basis and are expected to be paid prior to the hearing.

PROJECT COSTS CHART

A. Construction and equipment acquired by purchase:		
1.	Architectural and Engineering Fees	_____
2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	<u>\$35,000</u>
3.	Acquisition of Site	_____
4.	Preparation of Site	_____
5.	Construction Costs	_____
6.	Contingency Fund	_____
7.	Fixed Equipment (Not included in Construction Contract)	_____
8.	Moveable Equipment (List all equipment over \$50,000)	_____
9.	Other (Specify) _____	_____
B. Acquisition by gift, donation, or lease:		
1.	Facility (inclusive of building and land)	_____
2.	Building only	_____
3.	Land only	_____
4.	Equipment (Specify) _____	_____
5.	Other (Specify) _____	_____
C. Financing Costs and Fees:		
1.	Interim Financing	_____
2.	Underwriting Costs	_____
3.	Reserve for One Year's Debt Service	_____
4.	Other (Specify) _____	_____
D.	Estimated Project Cost (A+B+C)	_____
E.	CON Filing Fee	<u>\$3,000</u>
F.	Total Estimated Project Cost (D+E)	TOTAL <u><u>\$38,000</u></u>

2. Identify the funding sources for this project.

Please check the applicable item(s) below and briefly summarize how the project will be financed. (**Documentation for the type of funding MUST be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment C, Economic Feasibility-2.**)

- ☐ A. Commercial loan--Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;
- ☐ B. Tax-exempt bonds--Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;
- ☐ C. General obligation bonds—Copy of resolution from issuing authority or minutes from the appropriate meeting.
- ☐ D. Grants--Notification of intent form for grant application or notice of grant award; or
- ☐ E. Cash Reserves--Appropriate documentation from Chief Financial Officer.
- ☐ F. Other—Identify and document funding from all other sources.

Response: Not applicable. As there are no ongoing costs for this project, there are no funding sources for this project. The filing fee will be paid at the time the application is filed and the legal fees associated with the project are anticipated to be paid on an ongoing basis. As its annual report shows, Gentiva has sufficient resources to fund these expenses.

3. Discuss and document the reasonableness of the proposed project costs. If applicable, compare the cost per square foot of construction to similar projects recently approved by the Health Services and Development Agency.

Response: There are no proposed project costs other than those associated with the filing of the application itself. The applicant already leases office space and has a workforce to provide the home health services.

4. Complete Historical and Projected Data Charts on the following two pages--**Do not modify the Charts provided or submit Chart substitutions!** Historical Data Chart represents revenue and expense information for the last three (3) years for which complete data is available for the institution. Projected Data Chart requests information for the two (2) years following the completion of this proposal. Projected Data Chart should reflect revenue and expense projections for the **Proposal Only** (i.e., if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility).

Response: Please see Historical and Projected Data Charts for the applicant.

5. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge.

Response:

January 22, 2015**4:21 pm****HISTORICAL DATA CHART**

Give information for the last *three (3)* years for which complete data are available for the facility or agency. The fiscal year begins in January.

	Year 2013 *NA	Year 2014	Year _____
A. Utilization Data (Specify unit of measure)	_____	72 patients	_____
B. Revenue from Services to Patients			
1. Inpatient Services	\$ _____	\$ _____	\$ _____
2. Outpatient Services	_____	_____	_____
3. Emergency Services ¹	_____	_____	_____
4. Other Operating Revenue (Specify) _home care	\$ _____	\$3,057,811	_____
Gross Operating Revenue	\$ _____	\$3,057,811	\$ _____
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	\$ _____	\$ _____	\$ _____
2. Provision for Charity Care	_____	_____	_____
3. Provisions for Bad Debt	\$ _____	\$16,820	_____
Total Deductions	\$ _____	\$16,820	\$ _____
NET OPERATING REVENUE	\$ _____	\$3,040,991	\$ _____
D. Operating Expenses			
1. Salaries and Wages	\$ _____	\$1,825,345	\$ _____
2. Physician's Salaries and Wages	_____	_____	_____
3. Supplies	\$ _____	\$22,104	_____
4. Taxes	_____	_____	_____
5. Depreciation	\$ _____	\$3,887	_____
6. Rent	\$ _____	\$23,835	_____
7. Interest, other than Capital	_____	_____	_____
8. Management Fees:			
a. Fees to Affiliates	_____	\$178,793	_____
b. Fees to Non-Affiliates	_____	_____	_____
9. Other Expenses – Specify on separate page 12	\$ _____	\$ _____	_____
Total Operating Expenses	\$ _____	\$2,053,964	\$ _____
E. Other Revenue (Expenses) – Net (Specify) _____	\$ _____	\$ 0	\$ _____
NET OPERATING INCOME (LOSS)	\$ _____	\$ _____	\$ _____
F. Capital Expenditures			
1. Retirement of Principal	\$ _____	\$ _____	\$ _____
2. Interest	_____	_____	_____
Total Capital Expenditures	\$ _____	\$ _____	\$ _____
NET OPERATING INCOME (LOSS)			
LESS CAPITAL EXPENDITURES	\$ _____	\$987,027	\$ _____

*Gentiva did not acquire Harden until the end of 2013 so will not have prior data.

PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in January (Month).

	Year 2015	Year 2016
A. Utilization Data (Specify unit of measure)	_____	_____
B. Revenue from Services to Patients		
1. Inpatient Services	\$ _____	\$ _____
2. Outpatient Services	_____	_____
3. Emergency Services	_____	_____
4. Other Operating Revenue (Specify) _____	\$1,350,000	\$1,600,000
Gross Operating Revenue	\$1,350,000	\$1,600,000
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	\$ _____	\$ _____
2. Provision for Charity Care	_____	_____
3. Provisions for Bad Debt	\$9,000	\$9,000
Total Deductions	\$9,000	\$9,000
NET OPERATING REVENUE	\$1,341,000	\$1,591,000
D. Operating Expenses		
1. Salaries and Wages	\$810,000	\$960,000
2. Physician's Salaries and Wages	_____	_____
3. Supplies	\$11,250	\$11,250
4. Taxes	_____	_____
5. Depreciation	\$1,800	\$1,800
6. Rent	\$10,800	\$10,800
7. Interest, other than Capital	_____	_____
8. Management Fees:		
a. Fees to Affiliates	\$36,450	\$43,200
b. Fees to Non-Affiliates	_____	_____
9. Other Expenses – Specify on separate page 12	_____	_____
Total Operating Expenses	\$870,300	\$1,027,050
E. Other Revenue (Expenses) -- Net (Specify) _____	\$ _____	\$ _____
NET OPERATING INCOME (LOSS)	\$ _____	\$ _____
F. Capital Expenditures		
1. Retirement of Principal	\$ _____	\$ _____
2. Interest	_____	_____
Total Capital Expenditures	\$ _____	\$ _____
NET OPERATING INCOME (LOSS)	<u>\$470,700</u>	<u>\$563,950</u>
LESS CAPITAL EXPENDITURES		

HISTORICAL DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES

	Year____	Year____	Year____
1.	\$_____	\$_____	\$_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
Total Other Expenses	\$_____	\$_____	\$_____

PROJECTED DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES

	Year____	Year____
1.	\$_____	\$_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
Total Other Expenses	\$_____	\$_____

6. A. Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.

Response: The fee schedule from the Department of Labor will not change as a result of this proposal.

- B. Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

Response: The Department of Labor has a fee schedule that will not change as a result of this project.

7. Discuss how projected utilization rates will be sufficient to maintain cost-effectiveness.

Response:

8. Discuss how financial viability will be ensured within two years; and demonstrate the availability of sufficient cash flow until financial viability is achieved.

Response: The applicant anticipates net revenue of 470,700 the first full year of operation and 563,950 the second full year of operation, as shown on the Projected Data Chart. Since this is an existing home health agency, the applicant anticipates having positive cash flow immediately upon implementation of the project.

9. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project. In addition, report the estimated dollar amount of revenue and percentage of total project revenue anticipated from each of TennCare, Medicare, or other state and federal sources for the proposal's first year of operation.

Response: The applicant's current payor mix is as follows: [Still Need]

EEOICP:	90%
Private Insurance:	10%

10. Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For new projects, provide financial information for the corporation, partnership, or principal parties involved with the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as Attachment C, Economic Feasibility-10.

Response: Please see copies of Gentiva's financial information included as Attachment C, Economic Feasibility-10. Gentiva does not have financial information on an agency specific basis.

11. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

- a. A discussion regarding the availability of less costly, more effective, and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, the applicant should justify why not; including reasons as to why they were rejected.

Response: This project does not include the initiation of any new services or the addition of any new counties. There are no costs, with the exception of filing fees and legal expenses related to the filing of the application. One option would be to do nothing because Gentiva can continue to provide these services through its 2 licensed agencies. Gentiva proposes to reorganize the services provided by these two agencies so that Harden will focus on the Department of Labor programs through the EEOICPA and RECA and GCHC will focus on the traditional home health services reimbursed through the Medicare and Medicaid programs. Gentiva feels that the better alternative is to approve this reorganization as it will allow Gentiva to better meet the needs of service area patients and provide the services in a more efficient manner because it will allow Harden to provide complete, focused services to the existing patient population in need of these services.

- b. The applicant should document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements. It should be documented that superior alternatives have been implemented to the maximum extent practicable.

Response: Not applicable.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

1. List all existing health care providers (e.g., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, e.g., transfer agreements, contractual agreements for health services.

Response: As a home health provider, the applicant does not have contractual relationships with other area providers. The EEOICPA is its primary referral source.

2. Describe the positive and/or negative effects of the proposal on the health care system. Please be sure to discuss any instances of duplication or competition arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

Response: This project involves the reorganization of services provided between two home health agencies that are owned by the same overall parent company. There are no new services being provided so there is no duplication of services and no effect on existing health care providers.

3. Provide the current and/or anticipated staffing pattern for all employees providing patient care for the project. This can be reported using FTEs for these positions. Additionally, please compare the clinical staff salaries in the proposal to prevailing wage patterns in the service

area as published by the Tennessee Department of Labor & Workforce Development and/or other documented sources.

Response: Please see staffing pattern along with the salaries and the prevailing wage patterns. In 2013, according to the Joint Annual Report, the applicant had 7 RNs, 18 LPNs, and 24 certified nurse aides. The average pay rate for skilled works is \$22 per hour, and the average pay for unskilled workers is \$9.50 per hour.

4. Discuss the availability of and accessibility to human resources required by the proposal, including adequate professional staff, as per the Department of Health, the Department of Mental Health and Developmental Disabilities, and/or the Division of Mental Retardation Services licensing requirements.

Response: The applicant is an existing provider and the proposed services are already being provided so there is adequate staff currently available.

5. Verify that the applicant has reviewed and understands all licensing certification as required by the State of Tennessee for medical/clinical staff. These include, without limitation, regulations concerning physician supervision, credentialing, admission privileges, quality assurance policies and programs, utilization review *policies and programs, record keeping, and staff education*.

Response: As an existing provider, the applicant understands such requirements for medical/clinical staff.

6. Discuss your health care institution's participation in the training of students in the areas of medicine, nursing, social work, etc. (e.g., internships, residencies, etc.).
7. (a) Please verify, as applicable, that the applicant has reviewed and understands the licensure requirements of the Department of Health, the Department of Mental Health and Developmental Disabilities, the Division of Mental Retardation Services, and/or any applicable Medicare requirements.

Response: The applicant is an existing licensed home health agency and understands the licensure requirements for the Department of Health.

- (b) Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

Licensure:

Accreditation:

Response: The applicant is licensed by the State of Tennessee, Department of Health, Board for Licensing Health Care Facilities.

- (c) If an existing institution, please describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility.

Response: The applicant's license from the Tennessee Department of Health is included as Attachment C, Contribution to the Orderly Development of Health Care - 7(c).

January 22, 2015

4:21 pm

- (d) For existing licensed providers, document that all deficiencies (if any) cited in the last licensure certification and inspection have been addressed through an approved plan of correction. Please include a copy of the most recent licensure/certification inspection with an approved plan of correction.

Response: The most recent licensure/certification inspection letter, dated April 8, 2013, is included as Attachment C, Contribution to the Orderly Development of Health Care-7(d). Harden did not have any deficiencies, so no plan of correction was required.]

8. Document and explain any final orders or judgments entered in any state or country by a licensing agency or court against professional licenses held by the applicant or any entities or persons with more than a 5% ownership interest in the applicant. Such information is to be provided for licenses regardless of whether such license is currently held.

Response: None.

9. Identify and explain any final civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project

Response: None.

10. If the proposal is approved, please discuss whether the applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number and type of procedures performed, and other data as required.

Response: The applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency with relevant information concerning the number of patients treated and such other data as may be required.

PROOF OF PUBLICATION

Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper as proof of the publication of the letter of intent.

Please see attached proofs of publication for the papers for each of the 8 counties that are proposed to be transferred.

DEVELOPMENT SCHEDULE

Tennessee Code Annotated § 68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

1. Please complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
2. If the response to the preceding question *indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph*, please state below any request for an extended schedule and document the "good cause" for such an extension.

PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision date, as published in TCA § 68-11-1609(c): April 22, 2015

Assuming the CON approval becomes the final agency action on that date; indicate the number of days from the above agency decision date to each phase of the completion forecast.

<u>Phase</u>	<u>DAYS REQUIRED</u>	<u>Anticipated Date (MONTH/YEAR)</u>
1. Architectural and engineering contract signed	_____	_____
2. Construction documents approved by the Tennessee Department of Health	_____	_____
3. Construction contract signed	_____	_____
4. Building permit secured	_____	_____
5. Site preparation completed	_____	_____
6. Building construction commenced	_____	_____
7. Construction 40% complete	_____	_____
8. Construction 80% complete	_____	_____
9. Construction 100% complete (approved for occupancy)	_____	_____
10. *Issuance of license	<u>30 days</u>	<u>May 30, 2015</u>
11. *Initiation of service	<u>30 days</u>	<u>May 30, 2015</u>
12. Final Architectural Certification of Payment	_____	_____
13. Final Project Report Form (HF0055)	<u>60 days</u>	<u>June 30, 2015</u>

* For projects that do NOT involve construction or renovation: Please complete items 10 and 11 only.

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

COUNTY OF DAVIDSON

SIGNATURE/TITLE

Public in and for the County/State of Tennessee

NOTARY PUBLIC

My commission expires, _____, _____
(Month/Day) (Year)

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Kim H. Looney, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

Kim H. Looney
SIGNATURE/TITLE

Sworn to and subscribed before me this 12th day of January, 2015 a Notary
(Month) (Year)
Public in and for the County/State of Tennessee.

Carmen M. Salazar
NOTARY PUBLIC

My commission expires, _____
(Month/Day) (Year)



MY COMMISSION EXPIRES:
JULY 8, 2017

**Attachment B-1
Executive Summary**

EXECUTIVE SUMMARY

The Home Option by Harden Health Care

1. **Services/Need:** The applicant is The Home Option by Harden Health Care ("Harden"). Gentiva Health Services, Inc. ("Gentiva") owns both the applicant and a sister agency, Gentiva Certified Healthcare Corp (GCHC). Gentiva is a leading provider of home health services, hospice services, and community care services serving patients through approximately 550 locations in 40 states. Gentiva delivers innovative, high quality care to patients across the United States. Harden delivers home health services primarily to persons eligible for benefits as provided under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) and the Radiation Exposure Compensation Act (RECA). The Department of Labor's Office of Workers' Compensation Programs is responsible for adjudicating and administering claims filed by employees or former employees or certain qualified survivors. Gentiva proposes to reorganize the services provided by these two agencies so that Harden will focus on the Department of Labor programs through the EEOICPA and RECA and GCHC will focus on the traditional home health services reimbursed through the Medicare and Medicaid programs. Gentiva feels that this reorganization will allow it to better meet its patient needs and provide the services in a more efficient manner because it will allow Harden to provide complete, focused services to the existing patient population in need of these services.
2. **Ownership Structure:** Harden is a for-profit entity that is owned by Gentiva.
3. **Project Cost:** The total project costs are approximately \$38,000, including the filing fee of \$3,000.
4. **Renovation and Expansion:** There is no renovation or expansion as a result of this proposal.
5. **Funding:** Any minimal expenses will be paid as the project progresses and are expected to be paid prior to the hearing.
6. **Service Area:** Harden is currently licensed in the counties of Anderson, Knox, Jefferson, Loudon, Sevier, and Union. If this project is approved, the counties of Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott will be added to its license, and its sister agency, GCHC, will remove them from its license.
7. **Staffing:** The applicant does not anticipate needing any additional staffing as a result of this project, as both agencies are currently enrolled and provide services to patients through the EEOICPA program.
8. **Financial Feasibility:** The costs of the project are reasonable. The applicant expects to generate a positive net income in the first year of operation.
9. **Contribution to the Orderly Development of Health Care:** Gentiva acquired Harden in late 2013. There will be no effect on the existing health care providers because no new counties are being added and there is no duplication of services as a result of this proposal. It is simply a reorganization designed to enable Gentiva to focus its services

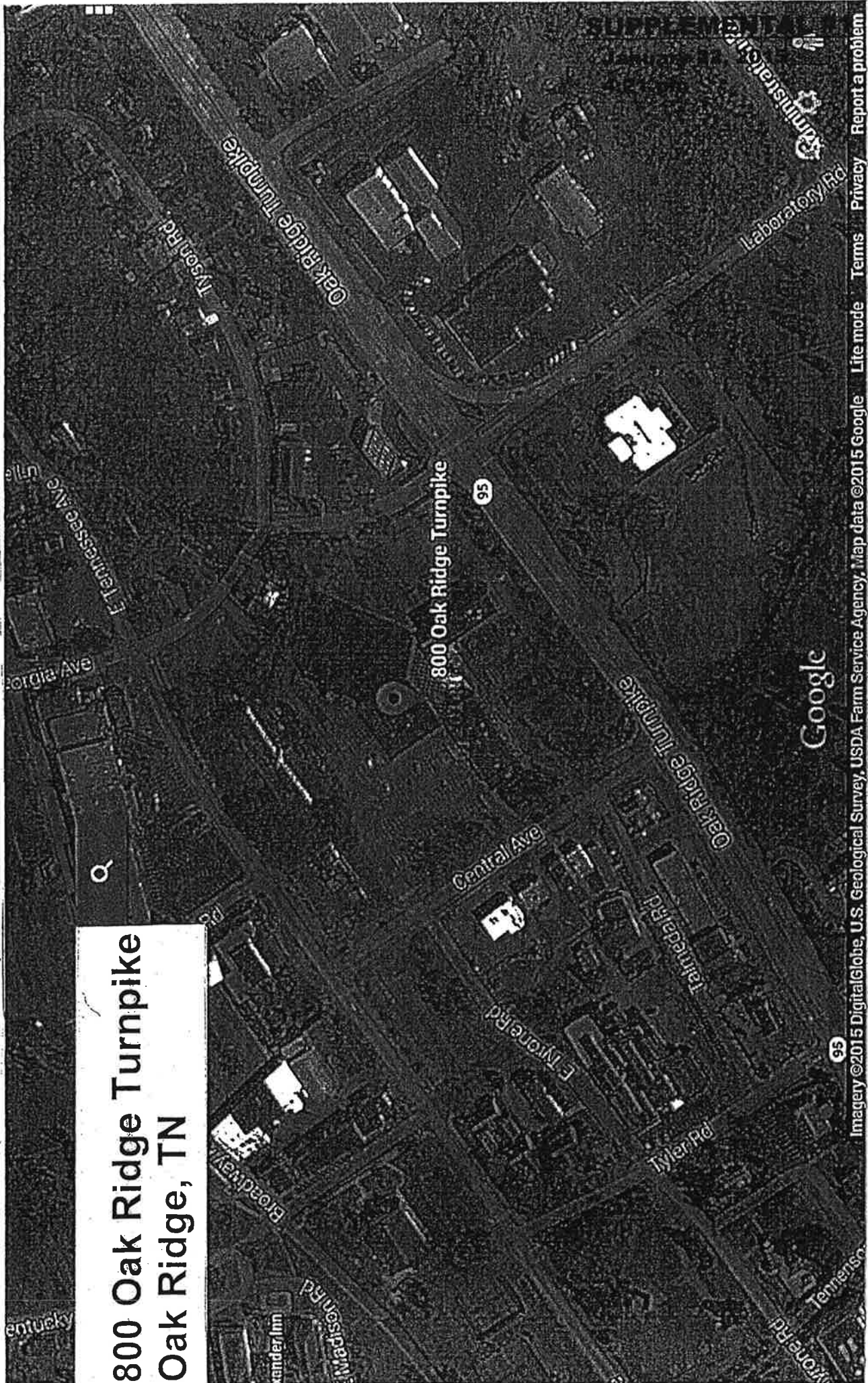
in a more deliberate manner through a reallocation of resources through its existing licensed agencies.

Attachment B, III.(A).

Revised Plot Plan

169,779 square feet, 10 story office building located on 4.57 acres of land

800 Oak Ridge Turnpike Oak Ridge, TN



**Attachment B.IV
Labelled Floor Plan**

SUPPLEMENTAL #1

January 22, 2015

4:21 pm

56

File/Supply
Storage

Break Area

Copy
Report

HR Office

Clinical Liaison

Conference Room

Reception/
Admin. Asst.

Director
Administrator

JACKSON PLAZA

800 OAK RIDGE TURNPIKE
OAK RIDGE, TN 37830

SUITE A-208



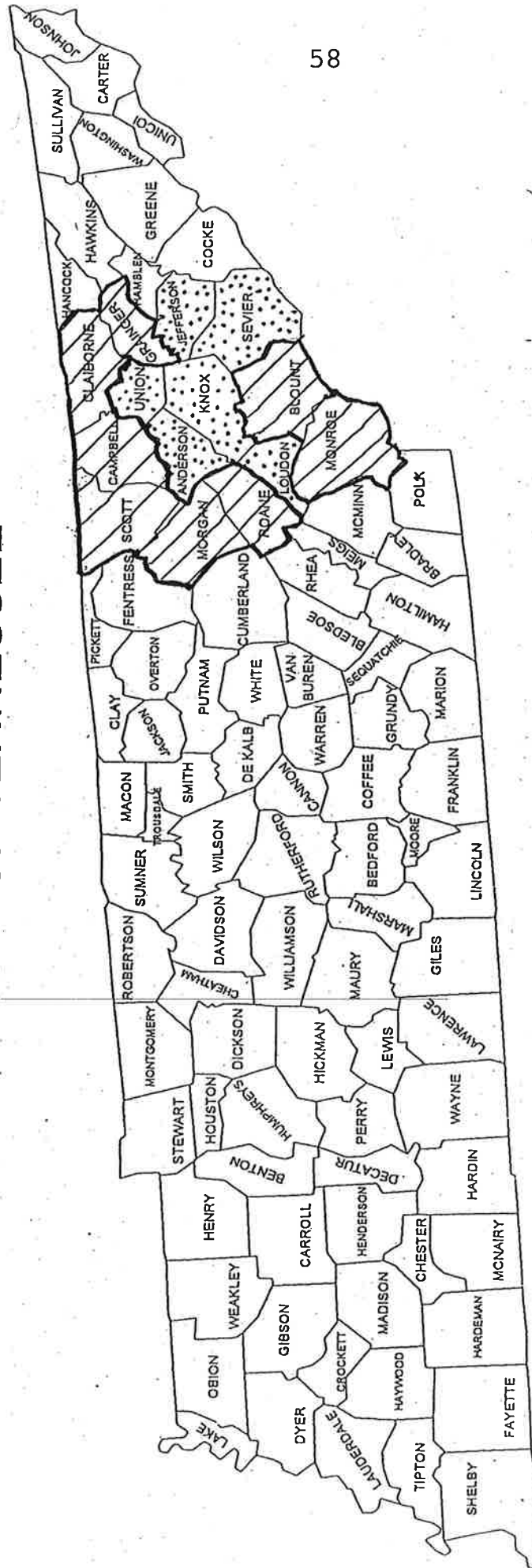
0 4' 8' 16'
SCALE 1/8" = 1'-0"

FLOOR PLAN

**Attachment C-Need-3
Service Area Map**

STATE OF TENNESSEE

58



Proposed Service Area



Existing Service Area

Attachment C, Economic Feasibility-10
Gentiva Annual Report

GENTIVA HEALTH SERVICES, INC. AND SUBSIDIARIES
CONSOLIDATED BALANCE SHEETS
(In thousands, except share and per share amounts)

	December 31, 2013	December 31, 2012
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 86,957	\$ 207,052
Accounts receivable, less allowance for doubtful accounts of \$10,680 and \$8,777 at December 31, 2013 and December 31, 2012, respectively	289,905	251,080
Deferred tax assets, net	28,153	12,263
Prepaid expenses and other current assets	64,746	45,632
Total current assets	469,761	516,027
Notes receivable from CareCentrix	28,471	28,471
Fixed assets, net	49,375	41,414
Intangible assets, net	256,282	193,613
Goodwill	390,081	656,364
Other assets	68,647	75,045
Total assets	\$ 1,262,617	\$ 1,510,934
LIABILITIES AND EQUITY		
Current liabilities:		
Current portion of long-term debt	\$ 45,325	\$ 25,000
Accounts payable	15,659	13,445
Payroll and related taxes	64,857	45,357
Deferred revenue	43,864	37,444
Medicare liabilities	23,894	27,122
Obligations under insurance programs	82,634	56,536
Accrued nursing home costs	22,219	18,428
Other accrued expenses	77,018	66,567
Total current liabilities	375,470	289,899
Long-term debt	1,124,432	910,182
Deferred tax liabilities, net	9,825	42,165
Other liabilities	53,084	33,988
Commitments and contingencies (Note 17)		
Equity:		
Gentiva shareholders' equity:		
Common stock, \$0.10 par value; authorized 100,000,000 shares; issued 37,713,302 and 32,009,286 shares at December 31, 2013 and December 31, 2012, respectively	3,771	3,201
Additional paid-in capital	462,262	399,148
Treasury stock, at cost, 1,337,882 and 1,260,879 shares at December 31, 2013 and December 31, 2012, respectively	(18,773)	(17,852)
Accumulated deficit	(750,329)	(151,335)
Total Gentiva shareholders' equity	(303,069)	233,162
Noncontrolling interests	2,875	1,538
Total equity	(300,194)	234,700
Total liabilities and equity	\$ 1,262,617	\$ 1,510,934

See notes to consolidated financial statements.

GENTIVA HEALTH SERVICES, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF CHANGES IN SHAREHOLDERS' EQUITY
(In thousands, except share amounts)

	Common Stock		Additional	Retained	Accumulated	Treasury	Noncontrolling	Total
	Shares	Amount	Paid-in	Earnings	Other	Stock	Interests	
			Capital	(Deficit)	Comprehensive			
					Income (Loss)			
Balance at December 31, 2010	30,799,091	\$ 3,080	\$ 372,106	\$ 272,394	\$ 478	\$ (12,484)	\$ 2,658	\$ 638,232
Comprehensive (loss) income:								
Net (loss) income	—	—	—	(450,525)	—	—	641	(449,884)
Unrealized loss on interest rate swap, net of tax	—	—	—	—	(768)	—	—	(768)
Realized loss on interest rate swap	—	—	—	—	290	—	—	290
Total comprehensive (loss) income	—	—	—	(450,525)	(478)	—	641	(450,362)
Income tax benefits associated with the exercise of non-qualified stock options	—	—	257	—	—	—	—	257
Equity-based compensation expense	—	—	7,548	—	—	—	—	7,548
Other non-cash compensation expense	—	—	407	—	—	—	—	407
Net issuance of stock upon exercise of stock options and under stock plans for employees and directors	636,173	64	7,837	—	—	—	—	7,901
Acquisition of noncontrolling interest	—	—	(352)	—	—	—	32	(320)
Distribution to partnership interests	—	—	—	—	—	—	(738)	(738)
Treasury shares:								
Common stock received from Healthfield escrow (14,334 shares)	—	—	—	—	—	(394)	—	(394)
Balance at December 31, 2011	31,435,264	3,144	387,803	(178,131)	—	(12,878)	2,593	202,531
Comprehensive income:								
Net income	—	—	—	26,796	—	—	884	27,680
Total comprehensive income	—	—	—	26,796	—	—	884	27,680
Income tax expense associated with the exercise of non-qualified stock options	—	—	(223)	—	—	—	—	(223)
Equity-based compensation expense	—	—	7,645	—	—	—	—	7,645
Net issuance of stock upon exercise of stock options and under stock plans for employees and directors	574,022	57	3,923	—	—	—	—	3,980
Acquisition of non-controlling interest	—	—	—	—	—	—	(1,113)	(1,113)
Distribution to partnership interests	—	—	—	—	—	—	(826)	(826)
Treasury shares:								
Stock repurchase (605,077 shares)	—	—	—	—	—	(4,974)	—	(4,974)
Balance at December 31, 2012	32,009,286	3,201	399,148	(151,335)	—	(17,852)	1,538	234,700
Comprehensive (loss) income:								
Net (loss) income	—	—	—	(598,994)	—	—	487	(598,507)
Total comprehensive (loss) income	—	—	—	(598,994)	—	—	487	(598,507)
Income tax expense associated with the exercise of non-qualified stock options	—	—	(1,507)	—	—	—	—	(1,507)
Equity-based compensation expense	—	—	8,210	—	—	—	—	8,210
Net issuance of stock upon exercise of stock options and under stock plans for employees and directors	891,602	89	3,142	—	—	—	—	3,231
Issuance of stock in connection with Harden acquisition	4,812,414	481	53,269	—	—	—	—	53,750
Minority interest capital contribution	—	—	—	—	—	—	1,600	1,600
Distribution to partnership interests	—	—	—	—	—	—	(750)	(750)
Treasury shares:								
Stock withheld (77,003 shares) for payroll tax withholdings related to equity-based compensation	—	—	—	—	—	(921)	—	(921)
Balance at December 31, 2013	37,713,302	\$ 3,771	\$ 462,262	\$ (750,329)	\$ —	\$ (18,773)	\$ 2,875	\$ (300,194)

See notes to consolidated financial statements.

**Attachment C, Contribution to the
Orderly Development of Health Care-7(d)
Licensure/Certification Inspection Report**



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF HEALTH LICENSURE AND REGULATION
EAST TENNESSEE REGION
5904 LYONS VIEW PIKE
KNOXVILLE, TENNESSEE 37919

April 8, 2013

Ms. Christy Craft, Administrator
The Home Option by Harden Health Care
800 Oak Ridge Turnpike, Suite A-208
Oak Ridge, TN 37830

Re: License # 148

Dear Ms. Craft:

The East Tennessee Regional Office conducted a licensure survey at your facility on March 11, 2013. As a result of the survey, no deficient practice was found.

If our office may be of assistance to you, please feel free to call (865) 588-5656.

Sincerely,

Karen B. Kirby /dt

Karen B. Kirby, RN
Regional Administrator

KBK/dt

Enclosure

Proof of Publication

LEGAL NOTICES

IN THE JUVENILE COURT FOR ANDERSON COUNTY, TENNESSEE

STATE OF TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES

Petitioner
NO. J-32180 14-1076vs.
ASHLEY SEALSAnd
STEVEN LYTLE

Respondents

IN THE MATTER OF:

Mason James Seals

DOB: 6/28/14

A Child Under Eighteen

(18) Years of Age

MOTION AND ORDER

FOR SUMMONS BY

PUBLICATION IT AP-

PEARING TO THE COURT

FROM THE ALLEGATIONS

OF THE PETITION FOR

TEMPORARY CUSTODY

AND MOTION FOR

SUMMONS BY PUBLI-

CATION IT APPEARING

TO THE RESPONDENT:

ASHLEY SEALS

Pursuant to T.C.A. §

37-1-121 and §

37-1-123, you are

hereby summoned to

appear on the 19th day

of February, 2015, at 9:00

a.m., and defend the

above-entitled action in

the Anderson County Ju-

venile Court, at Clinton,

Tennessee, and answer

the Petition filed by the

State of Tennessee, De-

partment of Children's

Services, and to serve

your answer upon the

Petitioner. In case of

your failure to do so,

judgment will be ren-

dered against you ac-

cording to the demand

of the Petition, which

has been filed with the

Clerk of the Anderson

County Juvenile Court

located at the Juvenile

Court of Anderson

County, Jolley

Building, 101 S. Main

Street, Suite 200, Clin-

ton, Tennessee 37716.

Since your whereabouts

are unknown and the

ordinary process of law

cannot be served upon

you, a copy of this sum-

mons shall be published

in the LaFollette Press

newspaper for four (4)

consecutive weeks, IS-

SUED this 23rd day of

December 2014.

BRIAN J. HUNT

JUVENILE COURT

JUDGE APPROVED

FOR ENTRY:

Sammi S. Mailfair, BPR

025533 Assistant General

Counsel

Department of Children's

Services

182 Frank L. Diggs

Drive, Suite 100

Clinton, Tennessee

37716

Phone: (865) 425-4400

Publication Dates:

01/01/14, 01/08/14,

01/15/14, 01/22/14

IN THE JUVENILE

COURT FOR AN-

DERSON COUNTY,

TENNESSEE STATE

OF TENNESSEE DE-

PARTMENT OF

CHILDREN'S SER-

VICES

Petitioner

NO. J-32180 14-1076

vs.

ASHLEY SEALS

And

STEVEN LYTLE

Respondents

IN THE MATTER OF:

Mason James Seals

DOB: 6/28/14

A Child Under Eighteen

(18) Years of Age

MOTION AND ORDER

FOR SUMMONS BY

PUBLICATION IT AP-

PEARING TO THE COURT

FROM THE ALLEGATIONS

OF THE PETITION FOR

TEMPORARY CUSTODY

AND MOTION FOR

SUMMONS BY PUBLI-

CATION IT APPEARING

TO THE RESPONDENT:

ASHLEY SEALS

from the allegations of

the Petition for Tempo-

rary Custody and Motion

for Summons by PUBLI-

cation and the Affidavit

of Diligent Search that

the whereabouts of the

Respondent STEVEN

DANIEL LYTLE is un-

known and cannot be

ascertained by diligent

search, therefore, the or-

dinary process of law

cannot be served upon

STEVEN DANIEL LY-

TLE. It is therefore,

ORDERED that said Re-

spondent be served by

Publication of the fol-

lowing Notice for four

(4) consecutive weeks in

the LaFollette Press, a

newspaper published in

LaFollette, Tennessee.

TO THE RESPOND-

ENT: STEVEN DAN-

IEL LYTLE Pursuant to

T.C.A. § 37-1-121 and §

37-1-123, you are

hereby summoned to

appear on the 19th day

of February, 2015, at 9:00

a.m., and defend the

above-entitled action in

the Anderson County Ju-

venile Court, at Clinton,

Tennessee, and answer

the Petition filed by the

State of Tennessee, De-

partment of Children's

Services, and to serve

your answer upon the

Petitioner. In case of

your failure to do so,

judgment will be ren-

dered against you ac-

cording to the demand

of the Petition, which

has been filed with the

Clerk of the Anderson

County Juvenile Court

located at the Juvenile

Court of Anderson

County, Jolley

Building, 101 S. Main

Street, Suite 200, Clin-

ton, Tennessee 37716.

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are unknown and the

ordinary process of law

cannot be served upon

you, a copy of this sum-

mons shall be published

in the LaFollette Press

newspaper for four (4)

consecutive weeks, IS-

SUED this 23rd day of

December 2014.

BRIAN J. HUNT

JUVENILE COURT

JUDGE APPROVED

FOR ENTRY:

Sammi S. Mailfair, BPR

025533 Assistant General

Counsel

Department of Children's

Services

182 Frank L. Diggs

Drive, Suite 100

Clinton, Tennessee

37716

Phone: (865) 425-4400

Publication Dates:

01/01/14, 01/08/14,

01/15/14, 01/22/14

IN THE JUVENILE

COURT FOR AN-

DERSON COUNTY,

TENNESSEE STATE

OF TENNESSEE DE-

PARTMENT OF

CHILDREN'S SER-

VICES

Petitioner

NO. J-32180 14-1076

vs.

ASHLEY SEALS

And

STEVEN LYTLE

Respondents

IN THE MATTER OF:

Mason James Seals

DOB: 6/28/14

A Child Under Eighteen

(18) Years of Age

MOTION AND ORDER

FOR SUMMONS BY

PUBLICATION IT AP-

PEARING TO THE COURT

FROM THE ALLEGATIONS

OF THE PETITION FOR

TEMPORARY CUSTODY

AND MOTION FOR

SUMMONS BY PUBLI-

CATION IT APPEARING

TO THE RESPONDENT:

ASHLEY SEALS

August 8, 2006 in the

amount of Eleven Thou-

sand Seventeen Dollars

and Twenty Five Cents

(\$11,017.25) to First

Volunteer Bank of Ten-

nessee, now known as

First Volunteer Bank, all

as fully set forth in said

Deed of Trust and

Promissory Note; and

WHEREAS, the above

referenced Deed of Trust

was modified by a Modi-

fication Agreement

dated December 29,

2006 and recorded in

Miscellaneous Book 82,

Page 351, in the

Register's Office for

Campbell County, Ten-

nessee, on January 10,

2007, increasing the

amount of indebtedness

to Sixteen Thousand

Seventy One Dollars and

Thirty Three Cents

(\$16,071.33); and

WHEREAS, the above

referenced Deed of Trust

was further modified by

a Modification Agree-

ment dated January 28,

2008 and recorded in

Miscellaneous Book 87,

Page 821, in the

Register's Office for

Campbell County, Ten-

nessee, on February 11,

2008, increasing the

amount of indebtedness

to Forty Three Thousand

Four Hundred Nine Dol-

lars and Nineteen Cents

(\$43,409.19); and

WHEREAS, the above

referenced Deed of Trust

was further modified by

a Modification Agree-

ment dated May 5, 2011

and recorded in Miscel-

laneous Book 101, Page

928, in the Register's

Office for Campbell

County, Tennessee, on

June 16, 2011; and

WHEREAS, default has

been made in the pay-

ment of the above refer-

enced indebtedness, and

other provisions of the

Trust Deed have been

violated, and the legal

holder of the Promissory

Note secured by the said

Trust Deed has declared

the entire amount due

and payable as provided

in said Trust Deed, and

the undersigned, as Trust-

ee, has been directed to

foreclose the aforesaid

Trust Deed in accord-

ance with the terms

hereof, and the public is

hereby notified that the

undersigned Trustee will

sell the hereinbefore de-

scribed real estate at

public auction, to the

highest and best bidder,

for cash in hand, on the

front steps of the Camp-

bell County Courthouse

in Jacksboro, Tennessee,

at 12:00 Noon on Mon-

day, February 2, 2015,

said property to be sold

in bar of the equity of

redemption. Subject lands

are set forth as follows:

Situated in District One

(1) of Campbell County,

Tennessee, and in the

Long Hollow Commu-

nity, and without the

corporate limits of any

municipality, and being

more particularly de-

scribed as follows: Be-

ginning on an iron pin

recovered in the West

line of Lewis White

Lane, corner property

of Betty Heatherly and

(described in Deed Book

413

CLAIBORNE PROGRESS

P.O. BOX 40, TAZEWEEL, TN 37879 PHONE 423-626-3222

Affidavit of Publication

I, Amber Morgen for the Claiborne Progress of Tazewell, Tennessee being duly sworn, state that:

An advertisement was/advertisements were published

For the account of Waller Lansden Dortch & Davis
In the Claiborne Progress as follows: Publication of intent

Size (columns x inches tall)	Section Page	Date/Dates m/d/y
<u>3x3</u>	<u>7A</u>	<u>1/7/15</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed Amber Morgen

SWORN AND SUBSCRIBED to before me, a notary public, on this the 9th day of January, A.D. 2015.

Patricia Beck

Notary Public in and for West

County, Ky (State)

My Commission Expires 6/17/18

Classifieds TODAY

SERVING GRAINGER, HAWKINS, HAMBLETON, JEFFERSON AND SURROUNDING EAST TENNESSEE COUNTIES

Call us TODAY to place your classifieds (865) 993-0713 or email classified@graingertoday.com.

LEGALS

TRUSTEE'S SALE

Default having been made in the payment of the debts and obligations secured to be paid by a certain Deed of Trust executed February 8, 2008 by Teddy Toler and Wanda Toler, his wife, as tenants by the entirety, their assigns, the survivor of them and the survivor's personal representatives and assigns to Atty. Arnold M. Weiss, as Trustee, as same appears of record in the office of the Register of Grainger County, Tennessee, in Book IN294, Page 734, and the owner of the debt secured, Green Tree Servicing LLC, having requested the undersigned to advertise and sell the property described in and conveyed by said Deed of Trust, all of said indebtedness having matured by default in the payment of a part thereof, at the option of the owner, this is to give notice that the undersigned will, on Thursday, January 29, 2015 commencing at 02:00 PM, at the Front Door of the Courthouse, Rutledge, Grainger County, Tennessee, proceed to sell at public outcry to the highest and best bidder for cash, the following described property, to wit:

Situated in County of Grainger, State of Tennessee.

All the following described premises, to wit: Situate in the Second (2nd) Civil District of Grainger County, Tennessee, to wit: Being Lot No. Twenty-three (23) of the German Creek Cabin Sites Subdivision, which appears of record in Map Book 1, Page 40 in the Register's Office, Grainger County, Tennessee, and to which reference is here made for a more complete description.

Tax Parcel ID: 052D-B-013.00

Property Address: 357 Chilhowee Lane, Bean Station, TN.

Other Interested Party: Branch Banking & Trust Company

All right and equity of redemption, homestead and dower waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Trustee.

ARNOLD M. WEISS, Trustee
Weiss Spicer Cash PLLC
208 Adams Avenue
Memphis, Tennessee 38103
(901) 526-8296
File # 7134-119037-FC

Published: January 7
January 14
January 21

Green Tree Servicing LLC/
Wanda Toler

PUBLIC NOTICES

The Grainger County School Board will meet on Tuesday, January 20, 2015, for its regular scheduled meeting at 7:30 p.m. to elect a new chairman, review the director's evaluation and contract, and conduct other business. The meeting will be conducted in the Grainger County Schools' Central Office Conference Room.

The Grainger County School Board will meet in regular session on the third Tuesday of each month, January - December 2015, at 7:30 P.M. The meetings will be held at the Grainger County Board of Education Central Office. If there is a conflict with these dates, it will be posted on the school website at www.grainger.k12.in.us. The meetings are open to the public.

PUBLIC HEARING NOTICE

The Town of Bean Station will hold a public hearing on January 26, 2015 at 5 P.M. at the town hall to consider passage of Ordinance #2014-12-100 to establish Speed Limits. The hearing is open to the public. Townspeople encouraged to attend.

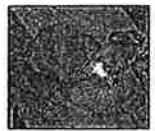
ANIMALS

TRI-COUNTY
ANIMAL CLINIC
- Welcomes You -

* Drop-Offs Welcome
* Walk-Ins Welcome
NO APPOINTMENT
NECESSARY
(865) 993-3370

Find it in the
Classifieds!

PET OF THE WEEK



Dewie is 1-2 year old, long haired Chihuahua. He is very loving and not a barker. Dewie is a quiet boy waiting for that perfect home to share with his person(s). Call (865) 567-0832 or grainertoday@gmail.com



Jazzy is a sweet gal 1+ years. She is a border collie mix. House training in the works. Loves all people and animals. Call (865) 567-0832 or email grainertoday@gmail.com

SPAY/NEUTER DATES FOR JAN/FEB-2015

The Grainger County Humane Society will host a pre-registered low cost Spay & Neuter Clinic on January 8, 15 & 29 and February 11, 19 & 26 for pets that have been registered prior to the surgery date, from 8 A.M. to 4 P.M. The Fido Fixer mobile unit will be at 147 Meadow Branch Road, just off Hwy 25E in Bean Station. Pets must be pre-registered for Spay/Neuter and all other services. To register and receive information regarding these services, please call (865) 804-7121, between the hours of 9 A.M. and 5:30 P.M. Please do not call on the day of surgery.

ANTIQUES



Pie cut 1950's glider set:
Glider, rocker, chair & table. \$500 o.b.o.
Call (423) 231-8648.

WE'VE GOT IT ANTIQUE & VENDORS MALL

1505 Universal Road
Jefferson City, TN 37760
(606) 854-4881

Antique Vendors Mail booths available.

OPEN:
Wednesday - Sunday
HOURS:
Wednesday - Saturday
9 A.M. - 5 P.M.
Sunday
9 A.M. - 3 P.M.

Washer/Dryer sell with 30 day guarantee.
Will deliver and set up!
Sellers Welcome!

BUSINESS SERVICES

WRIGHT'S EXCAVATING

* Septic & Field Lines Installed
* Roads * Ponds * Yards
* House seats * Land clearing
* Footers * Basements
* Rock & Dirt Hauled etc.
(865) 850-9820

ATKINS EXCAVATING

Septic tanks, drain fill, footer and basements, dirt hauling, rock, backhoe, bobcat, track hoe and highlift work.
Call (865) 767-3103, (865) 202-2252
(423) 312-4784.

AMXY

* Decks * Garages
* Remodeling
* Replacement Windows

FREE Estimates
High Quality - Low Prices
Licensed & Insured
(865) 368-2626

ALAN'S APPLIANCE & PLUMBING REPAIR

We repair & install washers, dryers, garbage disposals, ranges, dishwashers, ice makers, refrigerators, water heaters, kitchen & bathroom faucets, commodes, outside faucets, drains cleaned, ceiling fans, electrical baseboard & wall heaters, thermostats, outside security lights, breakers, fuses, outlets & wall switches, light fixtures & lamps.

Low Rates: Quality work.

* (423) 586-4704 *

COMMERCIAL

WANTED

2 business owners needed in Rutledge, TN
Call Rodney D. Atkins
(865) 767-2020 or
(865) 850-8135

EMPLOYMENT

NURSING OPPORTUNITY

Ridgeway Terrace of Life Care in Rutledge
CHARGE NURSE - RN/PLN
Full-time position available for 3 P.M. - 11 P.M. shift. Must be a Tennessee-licensed nurse. Supervisory experience in long-term care preferred. We offer great pay and benefits in a team-oriented environment.

Connie McNulty
(865) 828-5292
(865) 828-5592 Fax
165 Colley Lane
Rutledge, TN 37851
Connie.McNulty@LCCA.com
LifeCareCareers.com
EOE/M/F/D - 54599

FOR RENT

FOR RENT: 2BR, 1 1/2BA apartments on the lake, just off Lakeshore Drive. \$500/month. \$450 deposit. Call (423) 736-1840

CHEROKEE LAKE
MOBILE HOME FOR RENT
Beautiful lot right on the water. "You won't find lakefront like this anywhere else." \$369 Lakeshore Drive. \$700/month.
Call Rodney D. Atkins
(865) 767-2020 or
(865) 850-8135

MOBILE HOME FOR RENT

Beautiful private lot near Cherokee Lake. Large storage building, separate large carport. Nice spring on the property. \$650/month.
Rodney D. Atkins
(865) 850-8135 or
(865) 767-2020

FOR RENT

NEAR CHEROKEE LAKE
Mobile home. Central HVA, \$400/month.
Rodney D. Atkins
(865) 850-8135 or
(865) 767-2020

FOR RENT: 2BR house in Rutledge. Appliances included. Couple or single only, no pets. \$400/month, damage deposit required. Call (865) 850-0678, leave message.

VACATION CABIN IN GATLINBURG FOR RENT

Beautiful 3BR, 2BA (sleeps 14).
Go to:
www.visitgatlinburg.com
for more details and pics



LOGGING

WANTED TO BUY small or large tracts of timber. 35 years experience, licensed and bonded. Master in logging, degree in land and timber management.
Call (423) 300-3608

LICENSE PLATE SALES IN GRAINGER COUNTY

HELD AT THE FOLLOWING TIMES:

AND LOCATIONS:
First Tuesday, Washburn Community Building; Second Tuesday, Blaine City Hall; Third Tuesday, Thon Hall Community Center; and Fourth Tuesday, Bean Station Town Hall. All tag sales are held from 1 P.M. until 5 P.M.

MISCELLANEOUS

CURT TRAILER HITCH FOR SALE

Like new. 4,000 lbs. weight carrying capacity. 600 lb. tongue weight, 2-inch receiver, plus 2-inch ball mount (new). \$150 Call (865) 621-1737.

FOR SALE: Gazelle Exercise Equipment. \$30. In Morristown. (423) 714-9117

FOR SALE: Lawn Mower Craftsman. Runs and works. IN MORRISTOWN, must be able to pickup. (423) 714-9117

FOR SALE: Arctic Shield women's black snow boots. Brand new, size 8 1/2 (size runs big). Retail \$40, sell for \$20. (828) 755-6937 in Bean Station.

FOR SALE: Federal Airtight wood stove. Older, but good condition. \$400; 5' stovepipe heat re-claimer. \$65 and 54" round patio table w/5 chairs w/cushions. \$200. Call (423) 327-0707.

FOR SALE: Ashley, vent free, infrared propane heater, in box. 30,000 BTU/hr. Cost \$275. Asking \$175. Call (865) 309-8683.

MOBILE HOMES

NICE 2 AND 3BR MOBILE HOMES. Rent, rent-to-own, Section 8. Bean Station, Morristown, & Rogersville (423) 293-2102.

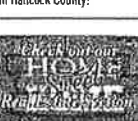
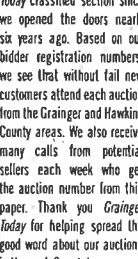
ATTENTION LANDOWNERS! Lenders Offering Govt. Programs!!
865-932-0924

1x7 Used Mobile Homes Starting at \$6,900
I Buy, Sell & Trade Used Homes!
(865) 932-0924

HUGE CLEARANCE SALE!! Save Thousands on Display Models!!
Clayton's of Straw Plains
(865) 933-3495



Kyles Ford Auction & Real Estate Company has been advertising in the Grainger Today classified section since we opened the doors nearly six years ago. Based on our bidder registration numbers, we see that without fail new customers attend each auction from the Grainger and Hawkins County areas. We also receive many calls from potential sellers each week who get the auction number from this paper. Thank you Grainger Today for helping spread the good word about our auctions in Hancock County!



PUBLIC NOTICES

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that:

The Home Option by Haden Healthcare, a Home Health Agency owned by Guiding Health Care Services of Knoxville, Inc., with an ownership type of corporation and to be managed by local interests to file an application for a Certificate of Need for the initiation of home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties, Tennessee through the transfer of these counties from its licensed sister agency Genesis Certified Healthcare Corp. No new counties will be added as a result of the transfer from one sister agency to another. The Home Option by Haden Healthcare is located at 800 Oak Ridge Turnpike, Suite A208 Oak Ridge, Tennessee 37830 and is currently licensed in Anderson, Jefferson, Fannin, Loudon, Taylor and Union Counties. The cost of this project is expected to be less than \$50,000.

The anticipated date of filing the application is: January 12, 2015.

The contact person for this project is Kim L. Looney, Esq., Attorney who may be reached at: Weller Landon Norton & Davis LLP, 511 Union Street, Suite 2700, Nashville, TN 37219. 615 / 850-3777.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1): (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

MSO Number 01/04/0213 - all forms prior to this date are obsolete

Bean Station Volunteer Fire Department will be taking bids on the following vehicles. Please be advised that the B.S.V.F.D. does have the right to refuse any bid. No reasonable bid will be disregarded.

1985 Chevy Mini Pumper/Rescue Truck
350 Motor (gas) Manual Transmission

1974 Mack Pumper - Auto Transmission (Diesel)

1972 Mack Pumper - Auto Transmission (Diesel)

ALL VEHICLES DO RUN!

Bid will be opened January 9, 2015 at 5 P.M.

Send bid with your name and phone number to:
Bean Station Volunteer Fire Department
P.O. Box 103
Bean Station, TN 37811

For more information contact Ron Wondery @ (423) 293-4987.

BUSINESS SERVICES

*****DISCOUNT WITH THIS AD*****DISCOUNT WITH THIS AD*****

MOLD TOX
Breathe Freely

??BASEMENT OR CRAWLSPACE LEAKING??

DON'T OVERPAY
THE NATIONWIDE COMPANY BY THOUSANDS
WHEN MOLD TOX, LLC
CAN INSTALL A DRY-UP SYSTEM FOR A FRACTION OF THE COST!

FINANCING AVAILABLE
with NO MONEY DOWN
and 0% INTEREST

Please call
MOLD TOX, Mommy!

(865) 993-0910
(423) 585-8448
(423) 638-6504
Tri-Cities
(865) 453-1800
Sevier County
www.moldtox.com
1510 Hwy. 25E
BEAN STATION, TN
No Contract, No Obligation, No Fee
Till You're Satisfied

*****DISCOUNT WITH THIS AD*****DISCOUNT WITH THIS AD*****

Classifieds Today

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To place an ad: Call: (865) 993-0713
Fax: (865) 993-6474
EMAIL: classified@graingertoday.com

STOP BY: 691 Main Street • Bean Station, TN

**CLASSIFIED DEADLINE
ARE MONDAYS AT 10 AM**



Sweetwater Office | 423-337-7101
Sweetwater Fax | 423-337-5932

Visit Our Sweetwater Office:
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We Accept
All Major
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Classified Deadlines:
Sunday Issue | Wednesday at Noon
Wednesday Issue | Monday at Noon

Public Notices

Public Notices

Auctions

Auctions

Auctions

General Help Wanted

NOTICE OF SUBSTITUTE TRUSTEE'S SALE

Default having been made in the terms, conditions and payment of the debt and obligations secured by a certain Deed of Trust dated 26 July 2004, executed by WILLIAM R. GREENE aka WILLIAM R. GREENE and ALICE L. GREENE aka ALICE L. GREENE, in Three Holdings as Trustee for Beneficial Tennessee, Inc., of record in the Office of the Registrar of Monroe County, Tennessee, in Book W-19, Page 307, and Richard J. Myers having been appointed as Substitute Trustee in an instrument of record in the aforesaid Registers Office in Book M-25, Page 755, Instrument No. 14008705, and the owner of the debt secured by said Deed of Trust, Beneficial Tennessee, Inc., having required the undersigned to advertise and sell the property described herein provided, the entire indebtedness having been declared due and payable as provided in said Deed of Trust, the undersigned, RICHARD J. MYERS, with by virtue of the power and authority vested in him as Substitute Trustee, on THURSDAY, 29 JANUARY 2015 commencing at TWELVE O'CLOCK NOON, on the first steps of the Monroe County Courthouse, 105 College Street, Madisonville, Tennessee, sell at public outcry to the highest and best bidder for cash, the following described property in Monroe County, Tennessee, to wit:

THE FOLLOWING REAL PROPERTY DESCRIBED AS BEGINNING ON AN IRON PIN CORNER TO CHARLEY GREEN IN THE LINE OF BILL SEWELL THENCE WITH THE LINE OF SEWELL AND MACDONIA CHURCH ROAD SOUTH 4 DEG. 00 MIN. WEST 150 FEET TO A PIN, THENCE NORTH 86 DEG. 00 MIN. WEST 150 FEET TO A PIN, THENCE SOUTH 86 DEG. 00 MIN. EAST 150 FEET TO THE POINT OF BEGINNING BEING 0.5 ACRES MORE OR LESS AS SHOWN BY SURVEY OF W.L. (BILL) CLARK, L.C. #107, DATED MARCH 8, 1984.

BEING THE SAME PROPERTY CONVEYED FROM CHARLEY GREEN, WIDOWER TO WILLIAM R. GREENE aka WILLIAM R. GREENE and ALICE L. GREENE aka ALICE L. GREENE, HUSBAND AND WIFE, BY DEED RECORDED 372984, IN BOOK 168, AT PAGE 237, IN THE REGISTER'S OFFICE OF MONROE COUNTY, TENNESSEE. TAX MAP OR PARCEL ID NO. 010-020-01.

Property Address: 272 Garden Road, Philadelphia, TN 37846
Interested Party, Confidential, Inc.
At the time of this publication, a search of the public records reveals no lien filed by the United States or the State of Tennessee which affects the above described property. The sale of the property described in said Deed of Trust shall be subject to any and all encumbrances of record, prior liens, incumbrances, deeds of trust, easements, restrictions, building lines, unrecorded taxes, assessments, penalties and interest, if any. All right and equity of redemption, homestead, dower and all other exceptions are expressly waived in said Deed of Trust, and the title is believed to be good, but the Substitute Trustee will convey and sell only as Substitute Trustee. The right is reserved to adjourn the day of the sale to another day or time certain without further publication, upon announcement at the time for the above.

Richard J. Myers, Substitute Trustee
Daily: 30 December 2014
APPROVED CRUMP, PLC
6070 Poplar Avenue, Suite 600
Memphis, Tennessee 38119-3972
(901) 556-6500
Publish: 7, 14, 21 January 2015

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED
This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-101 et seq., and the Rules of the Health Services and Development Agency, that the Home Option by Harden Healthcare, Home Health Agency owned by Grady Health Care System of Knoxville, Inc., with an ownership type of corporation and to be managed by itself intends to file an application for a Certificate of Need for the provision of home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties, Tennessee through the transfer of three counties from its licensed sister agency Grady Certified Healthcare Corp. No new courses will be added as a result of the transfer from one sister agency to another. The Home Option by Harden Healthcare is located at 800 Oak Ridge Turnpike, Suite 425B, Oak Ridge, Tennessee 37830 and is currently licensed in Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties. The cost of this project is expected to be less than \$50,000.

The anticipated date of filing the application is January 12, 2015.
The contact person for this project is
Kim H. Looney, Esq.
Attorney who may be reached at: Walter Landon Dorich & Davis LLP
511 Union Street, Suite 2700
Nashville TN 37219
615-850-8122

Upon written request by interested parties, a local Fact Finding public hearing shall be conducted. Written requests for hearing should be sent to:
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243
The published Notice of Intent must contain the following statement pursuant to T.C.A. § 68-11-107(d)(1): (A) Any health care institution wishing to oppose a Certificate of Need application must file its written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file its written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency. 1/7/2015

1 PUBLIC NOTICES

2 ANNOUNCEMENTS

Of Interest

CLASSIFIED ADVERTISING
WORKS! ONE call & your 25 word ad will appear in 99 Tennessee newspapers for \$275/4w or 35 East TN newspapers for \$125/4w. Call for newspaper's classified advertising dept. or go to www.classifiedadvertising.biz (TNScan)

DISH NETWORK-SAVE! Starting \$19.99/month (for 12 months). Premium Channel Offers Available. FREE Equipment, Installation & Activation. Call Corporate Local Dealist 1-800-423-0015 (TNScan)

DIVORCE WITH OR WITHOUT CHILDREN \$125.00. Includes name change and property settlement agreement. Same business. Fast and easy. Call 1-888-733-7185 24/7 (TNScan)

SAVING FROM ONLY \$4,297.00! Make & Save Money with your own hand-painted car. Unlimited any destination. In stock ready to ship. Free InfoDVD. www.honoredsavings.com 1-800-570-1363 Ext. 3004 (TNScan)

Garage / Yard Sales

YARD SALE SPECIAL
3 lots (15 words or less), 2 issues plus a free yard sale kit
Only \$10.00!
3 lots (15 words or less), 1 issue
Only \$5.00!
Call 423-337-7101
or stop by our office,
609 Sweetwater/Vonore Road
in Sweetwater.

Estate Sales

ESTATE SALE
422 Main St.
Madisonville, TN 37455

Selling contents of local retailer. Furniture, auto, chairs, end tables, dresser, chow, water heater, linoleum, refrigerator, deep freezer, glassware, kitchen items, antiques, paintings & much more.

Sale dates: Jan. 8, 9 & 10
Time: 9:00am-5:00pm

Sale conducted by:
Amy's Gathered Treasures
423-261-5381

4 FINANCIAL

Financial Services

Loans - Loans - Loans
100% FINANCING
for Purchase or Refinance
• Low Competitive Rates
• FHA • VA • Fannie Mae • USDA • THDA • Loans
No up-front fees
Approval by phone
Locally owned & operated.
First Financial
of Tennessee Home Loans LLC
www.flftn.com
423-745-5540



289 CEDAR LANE ROAD
MADISONVILLE, TN

Bank Owned

3 bedroom, 1 bath home with carport.
Needs extensive remodeling and updates.
Home is occupied, new owners will be responsible for working with occupants.

Sells Absolute

AUCTIONEER: STAN VAUGHT

DIRECTIONS: From Madisonville take Hwy. 88 South to right on Old Fortson Hwy. to right on Old Federal Road to left on Cedar Lane Road.
TERMS: 10% down plus 2,500 buyers premium upon day of sale, balance due in 30 days.
TAXES: Prorated. **POSSESSION:** With Deed.
SPECIAL NOTE: Home not up to 1275 sq ft subject to final inspection. An insurance policy will be issued 10 days and 24 hrs after the sale. Home is sold as is.

BOB PARKS AUCTION
615.896.4600
or toll free 1.877.465.4600
www.bobparksauction.com

Financial Services

CAPITAL LOANS FOR BUSINESS: Commercial, Venture Capital, Real Estate, Construction, even Personal. \$20K to \$1M. Call Bob Parks. Free at 855-800-0070 or write Hixon Enterprises P.O. Box 70, Min. City, TN 37683 (TNScan)

5 EDUCATIONAL SERVICES

Business and Trade School

MEDICAL BILLING TRAINING
NEEDED! Train at home to process Medical Billing & Insurance Claims! No Experience Needed! Online training at Byron University gets you ready! High School Diploma/GED & Computer/Internet needed. 1-877-258-3600 (TN Scan)

TEACHER RECRUITMENT FAIR

16 2015-16 vacancies in 18 Virginia School Divisions. Friday, January 30, 2015 4:00 p.m. to 7:00 p.m. Saturday, January 31, 2015 9:00am to 12:00 noon. Salem Civic Center, 1001 Boulevard, Salem, VA 24153. www.wvteach.org - Job Fair Sponsored by the Western Virginia Public Education Consortium (TNScan)

6 EMPLOYMENT

Driver OTR / Delivery

25 DRIVER TRAINEES NEEDED
Learn to drive for Werner Enterprises! Earn \$150 per week! CDL A, 2nd Job Ready in 3 weeks! 1-888-407-5172 (TNScan)

Financial Services

Driver OTR / Delivery

DRIVERS-NO EXPERIENCE? Some or lots of experience? Let's talk! No matter what stage in your career, it's time to take the next step. Call Bob Parks. Free at 855-800-0070 or write Hixon Enterprises P.O. Box 70, Min. City, TN 37683 (TNScan)

EARN MORE IN 2015! 42-48 cpm Start Pay, based on experience, driving for FedEx. Call Bob Parks. Free at 855-800-0070 or write Hixon Enterprises P.O. Box 70, Min. City, TN 37683 (TNScan)

EAST COAST CDL DRIVERS: 2 Years OTR experience, Home weekly. Pay averages \$42 per mile. \$1,000.00 to \$1,200.00 a week. 615-782-6560 (United Transportation Services) (TNScan)

LOCAL COMPANY NEEDS: DEDICATED/DRIVERS - Earn \$2,000 Sign-On Bonus, Paid Vacation/Health/401K, Good Pay/Time. Time 877-346-0997 (TNScan)

General Help Wanted

\$1000 WEEKLY MAILING BROCHURES From Home. Helping home workers since 2001. Genuine Opportunity. No Experience Required. Start Immediately. www.MailingMom.com (TNScan)

Apply In Person at Sweetwater Flower Shop for position that is sells flowers, prep, designs, delivery and sales. background check required. 423-337-6923

Monterey Mushrooms is seeking Class A

CDL Drivers to join their growing team!

Local, overnight, regional, and team routes are available. We also offer a BONUS PROGRAM!

• Must be 21 years of age, hold a Valid Class A CDL license, and have 6 months of verifiable OTR experience in the past 36 months with no more than 3 moving violations within three years

• Able to effectively interact with customers in person and on the telephone

• Pass DOT drug test and have no prior positive tests or refusals in addition to passing random drug and alcohol tests

• Must be organized and detail oriented

• Ability to lift up to 70 lbs, unload and stack product to customers requirements

• Ability to read, interpret, and apply laws, rules and regulations

• Use electronic logging system to accurately record daily logs for on-duty driving hours, on-duty non-driving hours, off duty hours and sleeper berth hours.

For questions or more information, please contact Casey Long at (865) 408-1857 or Bob Carey at (865) 408-1843. To pick up an application, please visit our facility at 19748 Hwy 72 N Loudon, TN 37774.EOE/AA Employer ID#MIFIV

ADULT COMMUNITY TRAINING (ACT)

Weekend Residential Support Staff positions available working in a home with disabled adults. Home located in Loudon and Loudon City.

Weekend positions available for day and night working 12 hour shifts. Excellent pay rates for Weekend Shifts with potential for Full Time Jobs with benefits including paid health insurance, paid holidays, and personal leave. Extensive background checks required. Ongoing training required, must have a good driving record. Apply in person to: Adult Community Training 3410 Highway 231 North Loudon City, TN 37771 865-586-6182 ext. 228

CAN YOU DIG IT? Heavy Equipment

Operator Training 3 Week Program. Bulldozers, Backhoes, Excavators, Lifetime Job Placement Assistance with National Certifications. VA Benefits Eligible! (866)867-3737 (TNScan)

COOK - PART-TIME

Sweetwater Nursing Center has an opening available for an experienced Cook part time. Experience in a long-term care facility and/or hospital is preferred. Applicants should be willing to work 6AM - 2PM and 2PM - 6PM shifts. Duties include assisting in preparation of large quantities of food, cleaning and maintaining kitchen area and dining room, and preparing food trays. Apply in person at:

Sweetwater Nursing Center
578 Hwy. 115,
Sweetwater, TN 37874
NO PHONE CALLS ACCEPTED
EOE/DFW/AF/AA/ADA

EARN \$100,000. 1ST YR. Income

Selling funeral ins. to Seniors. Day-time Market. Leads Furnished. Complete Training. Daily Pay. Health/Dental. Provided. Call 1-888-715-6000 (TNScan)

Piano Player needed Sunday's

11:00am to 12:00 noon Cottrell Church Madisonville TN. 865-621-8423

PORTABLE TOILET SERVICE

PICK-UP & DELIVERY DRIVER NEEDED

Class A or B CDL preferred, 2 Years CDL experience required. Please apply in person at Pops Portable, 401 East Ave. Alamo, TN 37303

Informed Is In Style

How you read the newspaper today?

Advocate & Democrat

Advocate & Democrat

Advocate & Democrat

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LEGALS--PUBLIC NOTICES

MORGAN

all property therein
ed to JOSEPH B.
JR., as Trustee, as
appears of record
Register's Office
rgan County, Ten-
recorded May 9,
in Deed Book 172,
465-481; and
EAS, the benefi-
interest of said Deed
st was last trans-
and assigned to
Loans Inc. who
the owner of said
and WHEREAS,
undersigned, Rubin
IN, PLLC, have
been appointed as
Trustee by
ent to be filed for
in the Register's
of Morgan
Tennessee.
THEREFORE,
is hereby given
entire indebted-
as been declared
payable, and
he undersigned
Lublin, TN,
as Substitute
of his duly
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power, duty and
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VAN NORSTRAN SAID IRON PIN BEING LOCATED 348.9 FEET FROM THE CENTER LINE INTERSECTION OF EXISTING ROAD WAYS FOR REDMON ROAD WITH TENNESSEE HIGHWAY 62 AND THE SAID IRON PIN BEGINNING BEING FURTHER DEFINED AS LOCATED AT TENNESSEE LAMBERT GRID POSITION NORTH 64° 12' 04" AND EAST 23° 32' 11" 03" (NAD 1983-95). THENCE WITH LINE ALONG THE WESTERLY MARGIN OF REDMON ROAD, SOUTH 00 DEGREES 23 MINUTES 22 SECONDS EAST 513.36 FEET TO AN IRON PIN (SET) IN THE NORTHERLY MARGIN OF REDICK DRIVE (A PRIVATE ROADWAY) BEING A CORNER OF THE TRACT AS HEREIN DESCRIBED WITH WILLIAM LLOYD VAN NORSTRAN AND WIFE SHERRY L. VAN NORSTRAN THENCE WITH LINES OF WILLIAM LLOYD VAN NORSTRAN AND WIFE SHERRY L. VAN NORSTRAN AND WIFE SHERRY L. VAN NORSTRAN (H-9765) AS FOLLOWS: (1) SOUTH 77 DEGREES 00 MINUTES 30 1/2 SECONDS WEST 208.52 FEET TO AN IRON PIN (SET); (2) NORTH 40 DEGREES 41 MINUTES 16 SECONDS WEST 144.63 FEET TO AN IRON PIN (SET); BEING A CORNER OF THE TRACT, AS HEREIN DESCRIBED MORE LLOYD VAN NORSTRAN IN THE LINE OF DONNA Y. HODGES THENCE WITH LINE OF DONNA Y. HODGES (RB. 116/561), NORTH 30 DEGREES 48 MINUTES 47 SECONDS EAST 103.59 FEET TO A FOR AN IRON PIN (FOUND), BEING A CORNER OF DONNA Y. HODGES AND WILLIAM LLOYD VAN NORSTRAN AND WIFE SHERRY L. VAN NORSTRAN IN LINE OF THE TRACT

DESCRIBED, THENCE WITH LINE OF WILLIAM LLOYD VAN NORSTRAN AND WIFE SHERRY L. VAN NORSTRAN (H-9765), NORTH 26 DEGREES 130 MINUTES 44 SECONDS EAST 199.23 FEET TO AN IRON PIN (FOUND), BEING A CORNER OF WILLIAM LLOYD VAN NORSTRAN AND WIFE SHERRY L. VAN NORSTRAN AND DONNA MITCHELL IN LINE OF THE TRACT AS HEREIN DESCRIBED THENCE WITH LINE OF DONNA MITCHELL (RB. 156/32), NORTH 24 DEGREES 03 MINUTES 29 SECONDS EAST 209.12 FEET TO AN IRON PIN (FOUND), BEING A CORNER OF THE TRACT AS HEREIN DESCRIBED WITH WILLIAM LLOYD VAN NORSTRAN AND WIFE SHERRY L. VAN NORSTRAN THENCE WITH LINES OF WILLIAM LLOYD VAN NORSTRAN AND WIFE SHERRY L. VAN NORSTRAN (H-9765), SOUTH 87 DEGREES 43 MINUTES 17 SECONDS EAST 65.93 FEET TO THE POINT OF BEGINNING, BEING 2.359 ACRES (MORE OR LESS) THE ABOVE AS SHOWN ON A MAP OF SURVEY BY LACKEY AND ASSOCIATES, INC. OF 214 MAIN STREET OLIVER SPRINGS, TN 37840, WITH SURVEY DATE OF APRIL 21, 2014, AND BEING DESIGNATED AS DRAWING NUMBER 14-075 WITH DIRECTIONAL BEARINGS BEING REFERENCE TO TENNESSEE LAMBERT GRID NORTH WITH POSITION BEING REFERENCE TO TENNESSEE LAMBERT GRID POSITION (NAD, 1983-95). THIS CONVEYANCE IS SUBJECT TO ALL RESTRICTIONS, EASEMENTS, SETBACK LINES, AND OTHER CONDITIONS SHOWN

REGISTER'S OFFICE (877) 813-0992 Fax: (404) 601-5846 Ad #76302. 2015-01-07 2015-01-14, 2015-01-21
Parcel ID: 097-055.04 & 055.04.001 PROPERTY ADDRESS: The street address of the property is believed to be 113 REDICK DRIVE, WARTBURG, TN 37887. In the event of any discrepancy between this street address and the legal description of the property, the legal description shall control. CURRENT OWNER(S): MELISSA DAWN WYATT OTHER INTERESTED PARTIES: The sale of the above-described property shall be subject to all matters shown on any recorded plat, any unpaid taxes, any restrictive covenants, easements or set-back lines that may be applicable, any priorities or encumbrances as well as any priority created by a fixture filing, and to any matter that an accurate survey of the premises might disclose. This property is being sold with the express reservation that it is subject to confirmation by the lender or Substitute Trustee. This sale may be rescinded at any time. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above. All right and equity of redemption, statutory or otherwise, homestead, and dower are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee. The property is sold as is, where is, without representations or warranties of any kind, including fitness for a particular use or purpose. THIS LAW FIRM IS ATTEMPTING TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. Rubin Lublin, TN, PLLC, Substitute Trustee, 119 S. Main Street, Suite 500 Memphis, TN 38103 www.rubintlublin.com/

ORDER OF PUBLICATION, NON-RESIDENT NOTICE AND NOTICE OF ADOPTION/TERMINATION OF PARENTAL RIGHTS IN THE CHANCERY COURT FOR MONROE COUNTY, TENNESSEE AT MADISONVILLE DOCKET #18 578 IN RE: SHANEA DAWN SHEPHERD GIBSON, EDWARD SHEPHERD BITHAN, DANIEL SHEPHERD DONALD E. JEWELL & wife DONNA M. JEWELL PLAINTIFFS VS. TRISTAN NICOLE SHEPHERD & RICHARD SHANE SHEPHERD DEFENDANTS IN THIS CAUSE IT

APPEARING TO THE COURT FROM THE ALLEGATIONS OF THE PETITION SEEKING TO TERMINATE FOREVER ANY PARENTAL RIGHTS OF THE DEFENDANT AND BY AFFIDAVIT THAT THE DEFENDANT TRISTAN NICOLE SHEPHERD IS A NON-RESIDENT OF THE STATE OF TENNESSEE AND/OR THAT PERSONAL SERVICE OF PROCESS CAN NOT BE HAD UPON HER. THEREFORE SHE IS HEREBY REQUIRED TO SERVE ANSWER ON OR BEFORE THE 6TH DAY OF FEBRUARY, 2015. THE SAME BEING 30 DAYS FROM THE LAST PUBLICATION OF THIS NOTICE. UPON STEVEN B. WARD, ATTORNEY FOR THE PLAINTIFFS, AT 400 MAIN ST. MADISONVILLE TN 37354 FAILURE TO DO SO, JUDGMENT BY DEFAULT WILL BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE PETITION EX PARTE CAN BE SET, FAILURE TO ANSWER OR TO APPEAR MAY RESULT IN TERMINATION OF DEFENDANT'S PARENTAL RIGHTS, IF REFERENCE TO ABOVE IT IS FURTHER ORDERED THAT THIS NOTICE BE PUBLISHED FOR FOUR WEEKS IN THE MORGAN COUNTY NEWS THIS THE 4TH DAY OF DECEMBER 2014. TERESA A. CHOATE, CLERK & MASTER INSERT December 17th, 24th, 31st, 2014 & January 7th, 2014

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency that:

The Home Option by Harden Healthcare, Home Health Agency owned by Girling Health Care Services of Knoxville, Inc. with an ownership type of corporation and to be managed by itself, intends to file an application for a Certificate of Need for the initiation of home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties, Tennessee through the transfer of these counties from its licensed sister agency, Gentiva Certified Healthcare Corp. No new counties will be added as a result of the transfer from one sister agency to another. The Home Option by Harden Healthcare is located at 800 Oak Ridge Turnpike, Suite A208, Oak Ridge, Tennessee 37830 and is currently licensed in Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties. The cost of this project is expected to be less than \$50,000.

The anticipated date of filing the application is:
January 12, 2015

The contact person for this project is
Kim H. Looney, Esq., Attorney
who may be reached at:
Waller, Lansden Dortch & Davis LLP
511 Union Street, Suite 2700
Nashville, TN 37219
615/850-8722

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1): (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by

Roane County News
R.C. News-Record

Morgan County News
Web Printing Plant

P.O. Box 610, 204 Franklin Street
Kingston, TN 37763
(865) 376-3481 FAX (865) 376-1945

TO: Waller, Lansden, Dortch & Davis

ADVERTISING Legal Notice

PUBLISHER'S AFFIDAVIT

State of Tennessee, Roane County

I, Kevin Kile, make oath that the attached advertisement or notice was published in:

X The Roane County News, tri-weekly newspaper published at Kingston

X The Morgan County News, a weekly newspaper published at Wartburg,

Also www.tnpublicnotice.com for all runs as required by Tenn. Code Ann. 1-3-120(2013) There will be only one tear sheet attached to cover all runs:

in said county and state, and that the advertisement or notice of: Gentiva Health Publication of Intent

was published in said newspaper on the following date:, RCN & MCN 01/07/2015

and that the statement of account herewith is correct to the best of his knowledge and belief

Signed



Subscribed and sworn to before me this 7th day of January, 2015


Notary Public

My commission expires March 13, 2018



Write a Best Seller!

Write a Best Seller!
Begin your ad with the name of the item or service offered. **Put it in bold, centered headlines to really show it off!**
Include the price. **Surveys indicate that buyers are more interested in merchandise when they know the price.** Good merchandise priced fairly is the best guarantee of success.
Are you need a complete description? Remember, the more you tell us, the more you tell us!

CALL TODAY TO START YOUR AD!

Rodney County NEWS
www.rodneycounty.com
For Subscriptions
Call 706-338-2222

Roane Newspapers:
The Morgan County
News, News-Record
(Hopper), and Roane
County News.

Classified

Serving Roane
and Morgan
Counties and
Surrounding

www.officialpublicrecord.com
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 dep. 865-376-5966. ailes 865-717-2201
 needed for purchase of
 new mobile home with
 Substitute Trustee will, on
 unpaid taxes, any restric-
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**Market Leader
in
Inventory
and
Data Collection**

**Inventory
Takers
Needed**



**EQUAL HOUSING
OPPORTUNITY**

All real estate advertised herein is subject to the Federal Fair Housing Act, which makes it illegal to advertise any preference, limitation or discrimination based on race, color, religion, sex, handicap, familial status or national origin, or intention to make any such preference, limitation or discrimination. State laws forbid dis-

discrimination in the sale, rental or advertising of real estate based on factors in addition to those protected under federal law. In the District of Columbia, discrimination based on age, marital status, personal appearance, sexual orientation, family responsibilities, physical handicap, matriculation, political affiliation, source of

CORWELL BANKER JIM HENRY & ASSOCIATES
An Independently Owned & Operated Member of Coastal Bancorp Bank Affiliate, Inc.
Call: 207-367-8378 • E-mail: askjack@att.net • Fax: 367-0878
MAINE • NEW HAMPSHIRE • VERMONT

elimination based on
agelessness, parenthood
or handicap is illegal.
We will not knowingly
accept any advertising
for real estate which is in
violation of the law. All
persons are hereby
informed that all dwell-
ings advertised are avail-
able on an equal oppor-
tunity basis.

Roane County News
R.C. News-Record

Morgan County News
Web Printing Plant

P.O. Box 610, 204 Franklin Street
Kingston, TN 37763
(865) 376-3481 FAX (865) 376-1945

TO: Waller, Lansden, Dortch & Davis

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Also www.tnpublicnotice.com for all runs as required by Tenn. Code Ann. 1-3-120(2013) There will be only one tear sheet attached to cover all runs:

in said county and state, and that the advertisement or notice of: Gentiva Health Publication of Intent

was published in said newspaper on the following date:, RCN & MCN 01/07/2015

and that the statement of account herewith is correct to the best of his knowledge and belief

Signed



Subscribed and sworn to before me this 7th day of January, 2015


Notary Public

My commission expires March 13, 2018



SCOTT

CLASSIFIEDS

Deadlines: Tuesdays @ 10 a.m. • ads@hnewsida.com • (423) 569-6343

LEGAL NOTICES

IN THE SESSIONS COURT
FOR SCOTT COUNTY,
TENNESSEE AT HUNTSVILLE

CASE #: 2014-04-102
PARTS HOUSE, INC., PLAINTIFF
VS.
BRUCE W. NICHOLS, DEBITOR
NICHOLS RECYCLING CENTERS,
TENALCO, INC.
JOINTLY C. ANDERSON,
TENALCO RECYCLING CENTERS,
DEFENDANTS

ORDER OF PUBLICATION

It appearing to the Court that service by publication is appropriate pursuant to TCA 24-2-203 in that certified mail was returned undelivered and in the interests of justice:

It is therefore, ORDERED that publication be made for four consecutive weeks as required by law.

Further, THE NOTICE was sent to Courtney C. Anderson and Tenalco Recycling Centers for Court on November 10th, 2014, and never appeared.

ENTERED this 10th day of November, 2014.

Honorable James L. Cotton, Jr.
Max Hall
Any for Public
191 Union Road
Onida, TN 37841
(423) 569-4205
(10/18, 20/14; 1/1, 8/2015)

ANIMALS/PETS

FREE TO GOOD HOME:
Australian Shepherd mix
puppy, 663-7474, (1/8, 15)

SERVICES

MUSIC LESSONS: NOW
accepting new students for
piano & guitar lessons, lessons
given at First Presbyterian
Church-Huntsville from
Mon.-Fri. If interested, call
David Keith @ 539-3321 for
guitar; David Mayfield @ 215-
1705 for piano. (1/8, 15)

PRESSURE WASHING: Resi-
dence/business pressure
wash & water seal decks/
patios; Affordable rates, free
estimates; Garrett's Lawn
Care & Landscaping, 423-
539-4947, (10/2/14)

NOTICE OF APPLICATION FOR BEER PERMIT

Notice is hereby given pursuant to the Town of Winfield Beer
Board that CODY L. CALLENDER filed an application on the 22nd
day of December, 2014 for a permit to sell beer at "MISSY'S
PLACE" (formerly "RITA'S PLACE", at 25870 Scott Highway, in
Winfield, Tennessee 37892, for an on/off premise permit.

All persons having an interest in the issuance of a beer permit
to said party for said place, or having opposition thereon, are
hereby notified to file the same with the City Recorder/Treasurer
for the Town of Winfield or make said protest, objections, and
interests known at the hearing to be held on said application.

1-8-2015

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide public notice to the Health Services and all interested parties, in accordance with
ECAS 11-1001(a)(1) and, the Rules of the Health Services and Development Agency, that

The Home Option by Horizon Healthcare, Home Health Agency, owned by Gliding Health Care Services
of Knoxville, Inc., with an ownership type of corporation and is managed by HHC, intends
to file an application for a Certificate of Need for the initiation of home health services in Blount,
Campbell, Claiborne, Greene, Monroe, Morgan, Rhea and Sevier Counties. Services through the
transfer of these counties from its current home care agency, Horizon Healthcare. No new
services will be added as a result of this transfer from one sister agency to another. The Home Option
by Horizon Healthcare is located at 800 Oak Ridge Turnpike, Suite 420, Oak Ridge, Tennessee and
is currently licensed in Anderson, Jefferson, Knox, Loudon, Sevier and Union Counties. The cost of
the project is expected to be less than \$50,000.

The anticipated date of filing the application is January 12, 2015. The contact person for this project
is Kim H. Loope, Esq., Attorney, who may be reached at Walker Loope Smith & Davis, LLP, 511
Union Street, Suite 2100, Nashville, TN 37219, 615/556-4772.

Heads within request for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
603 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to TCA § 68-11-
101(f)(2): "If any health care institution wishes to ensure a Certificate of Need application
must be a written notice with the Health Services and Development Agency no later than
Blount (2) days before the regularly scheduled Health Services and Development Agency
meeting at which the application is scheduled to be heard, and (3) any other person wishing to
oppose the application must file written objection with the Health Services and Development
Agency at or prior to the consideration of the application by the Agency."

(1-8-2015)

EQUIPMENT

WE BUY TRACTORS!! (423)
569-8694, 215-1982, (7/24/14)

NOTICES

REPORT CHILD ABUSE &
neglect. Call the CPS hotline
at 1-877-54-ABUSE.

AA MEETINGS: Wednesdays
& Fridays, 7 p.m., Methodist
Church, Main St., Onida.

AL-ANON MEETINGS:
Wednesdays, 7 p.m., Method-
ist Church, Main St., Onida.

WALL BUILDERS: IF YOU
are struggling with addictions
or striving to keep off drugs,
Wall Builders meet at Trinity
Baptist Church, 2065 Old
Jamestown Rd., Helenwood,
every Thursday, 7 - 9 p.m.
Families welcome. Preaching,
teaching, food, fellowship,
personal counseling.

DOMESTIC VIOLENCE: Crisis
Line: (423) 569-3333. If you
are a victim, would like
information about domestic
violence or are interested in
attending a support group,
call (423) 569-3355. Support
groups meet at 4 p.m.,
Thursdays.

HUNTSVILLE PUBLIC LI-
brary: Mon., Noon - 5 p.m.;
Tues., 10 a.m. - 2 p.m.; Wed.
Noon - 5 p.m.; Thurs., 9 a.m. - 1
p.m.; Fri., 12:30 - 5:30 p.m.; Sat.,
9 a.m. - 1 p.m.

ONEIDA PUBLIC LIBRARY:
Mon., Wed., Fri., 9 a.m. - 5 p.m.;
Tues., 10 a.m. - 2 p.m.; Thurs.,
1 - 7 p.m.; Sat., 9 a.m. - Noon.

WINFIELD PUBLIC Library:
Mon., 1 - 5 p.m.; Tues., 2 - 6
p.m.; Wed., 10 a.m. - 2 p.m.;
Fri., 2 - 6 p.m.; Sat., 9 a.m. - 1
p.m. Closed Thurs., Sunday.

ROBBINS BOOK STATION:
Located by post office, Satur-
day, 10 a.m. - Noon

NOTICES

SECOND BLESSING Clothes
Closet is open 2nd & 4th
Wednesday of each month,
10 a.m. - 1 p.m.; Appalachian
Ministry Center, 24728 Scott
Hwy, Winfield.

UNDER THE TN Achieves
Program, all high school
seniors in Scott County have
the opportunity to attend
Roane State Community
College for 2 years for the
cost of books. For additional
information, contact your
school's guidance coun-
selor.

FREE GED CLASSES:
Scott County Adult Educa-
tion (Career Center, across
from Burchfield School) on
Mondays and Wednesdays.
For more information, call
569-9348.

PUBLIC NOTICE

Public Hearing

The Town of Huntsville will hold a Public Hearing
on Thursday, January 22, 2015 at 3:00 p.m. on
Ordinance 14-11-01 increasing sewer rates by
20% pursuant to the agreement with the Water and
Waste Water Financing Board. The meeting will be
held at the Huntsville Municipal Building located at
3053 Baker Highway, Huntsville, TN 37756.
[01-08-2015]

PUBLIC NOTICE

Town of Huntsville

The Town of Huntsville, Tennessee does not
discriminate based on race, color or national
origin in federal and state sponsored programs
pursuant to Title VI of the Civil Rights Act of 1964
(42 U.S.C. 2000d).

[01-08-2015]

SCOTT HIGH SCHOOL FINANCIAL AID REQUIREMENT

Sam Mullins, outreach specialists, will be at the Scott County
Technology Department to assist with the filing out of
FAFSA forms on January 8, 2015; at 5:00 P.M.

Seniors, you must fill out the FAFSA form to receive financial
aid. Parents must be present to complete the FAFSA form.
You may bring your 2014 tax information or a copy of your
last check of 2014.

For more information, contact Kim Hammock, Scott High
School Guidance Dept., 663-2801, ext. 5009.

[1-8-2015]

PUBLIC NOTICE

Town of Huntsville

The Town of Huntsville holds its regular business
meetings on the fourth Thursday of each month
at 3:00 p.m. at the Huntsville Municipal Building
located at 3053 Baker Hwy., Huntsville, TN 37756.
The board also holds workshops beginning at 2:00
p.m. one hour prior to each monthly meeting. The
public is invited to attend both the workshops and
the regular business meetings.

The Town of Huntsville picks up household
garbage every Monday. Garbage should be at
the curb by 8:00 a.m. every Monday morning.
If Monday is a major holiday, garbage will be
picked up the following day. In addition to regular
household garbage the Town of Huntsville will pick
up brush and larger household items by calling
in a work order. No tires, paint cans or any item
with refrigerant can be picked up by the Town of
Huntsville.

[01-08-2015]

REAL ESTATE

COMPLETELY Renovated:
228 White Oak Circle, Elgin,
800 sq. ft., 2 BR, 1 BA, 100%
financing w/approved credit;
(423) 215-7661. (12/18-1/8)

FOR SALE BY OWNER:
3 BR, 1 BA home, Onida,
TN. All brick, very energy ef-
ficient, spacious yard. Listing
at \$93,000. For more info, call
863-805-3015. Serious inqui-
ries only. (12/11-1/15)

RENT/LEASE

2 BR MOBILE HOME FOR
rent, all electric, nice, clean,
quiet neighborhood, \$350/
rent, \$400 dep.; (865) 922-
8657 (1/1, 8)

2 BR VERY NICE TRAILER
for rent; 569-6006 or (865)
771-0047; (12/25-2/12)

RENT/LEASE

2 & 3 BEDROOM Mobile homes
for rent in Winfield. Utilities fur-
nished - No pets, 569-2367
(from 9 am - 9 pm), 569-3499.

1 BR APARTMENTS w/utili-
ties furnished, convenient
location-Onida. Also mobile
home close to Helenwood Post
Office, no utilities furnished,
deposit/references/steady,
verifiable income required. If
you are involved in drugs, do
not call; 215-5779 or 569-6087.

RENT/LEASE

2 BR MOBILE HOME, Onida
for rent, no pets, background
check, no paid utilities, lawn
care provided, \$365/rent,
\$250/deposit; (865) 455-3283.
(1/1-22)

VERY LARGE 1 BR Apart-
ment for rent, all utilities fur-
nished, also stove/fridge, 136
S. Main St., Onida; \$525/
rent plus dep.; (423) 215-
2011.

NOTICE TO AIRPORT CONSULTANTS

Scott County, TN, on behalf of the Scott County Airport Authority, is
hereby soliciting statements of qualifications and experience from airport
engineering consultants for a Continuing Services Agreement at Onida,
Scott County, Municipal Airport. The terms of the Agreement may extend
for a period of up to five (5) years and include multiple projects. Subject
to receipt of Federal and/or State matching funds, these projects may
include the following:

1. Hangar Relocation
2. Taxiway Extension

Required services include, but are not limited to, planning, A/E design,
surveying, bidding/award, construction administration and inspection for
projects funded under the FAA Airport Improvement Program.

A qualification based selection process conforming to FAA Advisory Cir-
cular 150/5100-140 will be utilized. Fee information will not be consid-
ered in the selection process and must not be submitted with the state-
ment of qualifications.

Selection Criteria will include: recent experience in airport projects,
capability to perform all aspects of project, reputation, ability to meet
schedules within budget, quality of previous airport projects undertaken,
interest shown, and firm's proximity to project site.

Detailed scopes of work and fees will be negotiated as project needs
arise.

Statements of qualification will be received by Brian L. Strunk, Director
of Finance, until 4:00 P.M. February 6, 2015, at 210 Court Street, P.
O. Box 180, Huntsville, TN 37756.

For further information and instructions to prospective proposers, please
contact:

Brian L. Strunk
Director of Finance
423-663-3460

For detailed project questions or to arrange an on site meeting at the
Airport, please contact:

Hank Duvall
Airport Manager
423-669-8270

[1-8-2015]

In The Chancery Court For Scott County, TN

At Huntsville
CHANCERY COURT CASE #10,542
Mary Alice Morgan
vs.
James Hari Morgan

Jane A. Lloyd, Clerk & Mas-
ter for Scott County TN, have
been ordered to sell at Public
Auction, the following from
the above styled case:

Electronic Dartboard

Works good, ballast needs
replaced, some lights on
numbers are out/no key.

Terms: Sale will take place
at the Clerk & Master's Of-
fice on Tuesday, January 20,
2015 at 10:30 AM.

CASH ONLY

Public can view Dartboard at
the Clerk & Master's Office
at the Scott County Justice
Center, 585 Scott Drive,
Huntsville, TN 37756, during
normal business hours from
8:00 A.M. to 4:30 P.M., Mon-
day through Friday with the
exception of holidays.

NO RAISE PERIOD
ALL SALES ARE FINAL

[1-8-18, 2015]

BEGIN 2015 WITH A SUBSCRIPTION!
\$25 in Scott County | \$30 outside Scott County

INDEPENDENT HERALD
FOUNDED IN AMERICA'S 100TH YEAR IN THE SPIRIT OF '76

SUPPLEMENTAL

#1

Waller Lansden Dortch & Davis
511 Union Street, Suite 2700
P.O. Box 198966
Nashville, TN 37219-8966

January 22, 2015
4:21 pm
615.244.6804 fax
wallerlaw.com

January 22, 2015

VIA HAND DELIVERY

Phillip M. Earhart
HSD Examiner
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Certificate of Need Application CN1501-001
The Home Option by Harden Healthcare

Dear Mr. Earhart:

This letter is submitted as the supplemental response to your letter dated January 15, 2015, wherein additional information or clarification was requested regarding the above-referenced CON application.

1. Section A, Applicant Profile, Item 4

Review of the TDH provider licensure website revealed that the parent organizations of the applicant (License #148), Gentiva Health Services (license # 142) and Gentiva Health Services 2 (License # 149) are all located at 3350 Riverwood Parkway SE, Suite 1400, Atlanta, Georgia, 30339. Given the "sister status" mentioned in the published Letter of Intent, it appears that the applicant is related through common ownership to these 2 HHAs that operate in the proposed 8-country service area. To better understand these relationships, please describe the ownership of these entities more detail, noting similarities/differences in the nature and scope of each organization's purpose, administrative and clinical leadership, patient care services, etc. In your response, please also provide the names, addresses, etc. of members with ownership interests of 5% or greater, if applicable.

Response: Please see attached organizational chart, Attachment A-4, depicting the relationship and ownership among Girling Health Care Services of Knoxville, Inc., dba The Home Option by Harden Health Care (Applicant, License #148), Girling Health Care, Inc., dba Gentiva Health Services 2 (License #149), and Gentiva Certified HealthCare Corp., dba Gentiva Health Services (License #142).

By way of an October 18, 2013 stock transaction, the parent company of Girling Health Care Services of Knoxville, Inc. ("Harden") and Girling Health Care, Inc. ("GHC"), became a wholly owned subsidiary under Gentiva Health Services, Inc. ("Gentiva"), which is the ultimate parent company over Gentiva Certified HealthCare Corp "GCHC". As part of the Gentiva family of companies, Harden, GHC, and GCHC are affiliated or "sister subsidiaries" under one ultimate parent company, Gentiva. As affiliated entities, or "sister subsidiaries,"

waller

Phillip M. Earhart

January 22, 2015

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these entities conducted business in Tennessee under one regional president and one chief operating officer since the October stock transaction until November 2014, when an internal reorganization occurred that created two regional presidents over the Tennessee operations with both reporting to the same chief operating officer. The division at the regional president level offers Gentiva the ability to further enhance its synergies and resource alignment to better support its home health programs in Tennessee - both the Medicare-approved and the non-Medicare approved. This has led Gentiva to recognize the efficiencies that could be gained by centralizing its non-Medicare home health program under Harden, the CON applicant.

The sister subsidiaries conduct business under one company-wide governing body that is responsible for establishing and approving the policies and procedures and providing other administrative and management oversight responsibilities over the Tennessee business. As such, the scope and nature of the operations under the Gentiva licensed home health agencies are very similar, in that they share similar policies/procedures, have the same governing body oversight and management, and conduct business under the single leadership of one chief operating officer.

Harden is an authorized EEOICPA provider in Anderson, Knox, Jefferson, Loudon, Sevier and Union counties; GCHC is currently an authorized EEOICPA provider in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott Counties, which Gentiva is proposing to be added to Harden's license and subsequently de-licensed from GCHC's license. As noted, the majority of EEOICPA services provided by Gentiva are provided under the Harden license. Therefore, it is desired to establish Harden, as the single provider for EEOICPA services going forward. The residents in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott Counties will continue to have access to a Medicare service provider through the Gentiva license for GCHC. As a result, we do not anticipate any change in access to services that are currently available to the residents in these 8 counties.

It appears that the owner of the sister agency (Gentiva Certified Healthcare Corporation) that will transfer 8 of its existing 16 counties to the applicant was named in the published LOI in lieu of the actual name of the licensed home health organization - Gentiva Health Services, license # 142 (license expiration date May 18, 2015). In order to better understand the proposal, please explain.

Response: As is explained in the response to the previous question, the parent company, Gentiva, owns and operates three home health agencies: Harden, GCHC and GCHC. Two of them are part of this application: one as the applicant (Harden) and one as the entity that will de-license 8 counties (GCHC) if the proposed reorganization is approved by the HSDA. The third agency, GCHC, is licensed in all 8 of the counties which GCHC will de-license if this request for internal reorganization is granted. Thus, all patients will continue to be able to receive services after the reorganization through a Gentiva home health agency.

The applicant refers to organizational documents in Attachment A-4. However, attachment A-4 could not be located. Please provide Attachment A-4.

Phillip M. Earhart
January 22, 2015
Page 3

Response: The divider page for Attachment A-4 is incorrectly labeled as Attachment A-3. Please find attached a corrected divider page for Attachment A-4. The organizational documents and organizational chart are included in the original application. As stated earlier in this response, a new organization chart is also included which shows the relationship between all three of the Gentiva entities.

2. Section B, Project Description, Item 1

The applicant is currently licensed for Anderson, Jefferson, Knox, Loudon, Sevier, and Union Counties. However, the 2013 Joint Annual Report for The Home Option of Harden Healthcare indicates home health services were provided by the applicant in Hamblen and Roane Counties which the applicant is not licensed to provide. Please clarify.

The 2013 JAR indicates the applicant is already providing home health services in a County (Roane) the applicant proposes to add as part of this application. Please clarify if the applicant is currently providing home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott counties for which the applicant is applying.

Response: Harden currently provides services that are limited to those for the EEOICPA patient population. GCHC is also enrolled and provides services to the EEOICPA patient population. Because the patient populations and the manner in which the services are delivered are different, Gentiva is seeking reorganization of its existing agencies to that it can concentrate its delivery of services for EEOICPA patients in Harden. Harden should not have included utilization for patients in counties in which it is not licensed on its JAR. Those patients should be reported on the JAR for GCHC.

It is noted the applicant proposes to add the counties of Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott to its licensed service area through the transfer of those counties from Gentiva, a sister agency whose license includes them. However, is the applicant aware that counties cannot be simply transferred between differently licensed home health agencies for CON purposes, although owned by the same parent company? Please clarify.

Response: The applicant is aware that counties cannot be transferred between licensed entities; technically, one entity is adding and one is deleting counties. That is why a CON application has been filed. Describing the reorganization of the counties as a transfer between agencies may be inaccurate from a technical perspective, but accurately describes what is occurring in that no new services or counties are being added in the service area for the applicant. One entity will add the counties to its license simultaneously with the other entity deleting them from its license.

The 2013 Joint Annual Report indicates the payor mix of Gentiva Health Services is predominantly 78% Medicare and the payor mix of The Home Option of Harden Healthcare is 95% EEOICP and 5% Private Pay. In addition, the 2013 Joint Annual Reports indicates there were 125 patients being served by Gentiva in the 8 counties that Gentiva will de-license if this application is approved. However, if The Home Option of Harden Healthcare is not Medicare certified and will only provide services to EEOICP home health patients to those 8

Phillip M. Earhart

January 22, 2015

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counties, which home health agency will the non-EEOICP patients be transferred to that is licensed for those 8 counties?

Response: Gentiva desires to reorganize the provision of its home health services so that Harden is the primary provider of services to EEOICPA recipients. It is proposing to do this with GCHC de-licensing those 8 counties simultaneously with Harden licensing them. The residents in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott Counties will continue to have access to a Medicare service provider through the Gentiva license #149. As a result, we do not anticipate any change in access to services that are currently available to the residents in these 8 counties.

Please provide a general overview of the Energy Employees Occupational Illness Compensation Act (EEOICPA). In addition, please provide a list of existing home health agencies that are contracted as EEOICPA providers in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott Counties.

Response: A general overview of the EEOICPA program was included in the CON application. The applicant has included additional information in response to this question. A list of the providers who are enrolled in the EEOICPA program in Tennessee and the additional information on the EEOICPA program and benefits is included with these supplemental responses in Attachment B, Project Description - 1.

A current snapshot of the number of patients currently being served in the proposed 8 counties by Gentiva Health Services and their payor source is needed. Please complete the following table.

Response: The payor source is not readily available by county, as such, we have provided the number of patients by county and the overall payor mix in the charts below.

Gentiva Health Services	License #
# of patients currently being served	
Counties	Total
Blount	79
Campbell	11
Claiborne	0
Grainger	4
Monroe	2
Morgan	4
Roane	25
Scott	0
Total	125

Gentiva Health Services Current Payor Mix				
Medicare	Private Pay	Commercial	PPS	Other
78.17%	.04%	1.79%	19.98%	.02%

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January 22, 2015
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3. Section B, Project Description Item III.A.(Plot Plan)

As required for all projects, a Plot Plan must provide the size of the site (in acres), location of the structure on the site, the location of the proposed construction, and the names of streets, roads, highways that cross or border the site. Please provide a new Plot Plan with all the required information.

Response: Please see Plot Plan included as Attachment B, III.(A).

4. Section B, Project Description, Item IV (Floor Plan)

The floor plan is noted. However, please label and resubmit.

Response: Please see revised and labelled Floor Plan included as Attachment B.IV.

5. Section C, Need, Item 1. (Service Specific Criteria-Home Health Services)

Please address the Home Health Criterion since the applicant is proposing to add 8 counties to its existing service area. It is understood that a sister agency will de-license these 8 counties if the proposed project is approved.

Response: Please see responses below.

HOME HEALTH SERVICES - NEED

Standards and Criteria

- 1 The need for home health agencies/services shall be determined on a county by county basis.

Response: There is not a need for any additional home health agencies in any of the counties proposed according to the need formula. However, this application is not about whether a need exists for additional home health agencies or services in a given county. Rather Gentiva seeks to reorganize its existing services so that one of its licensed agencies will concentrate on services provided to the EEOICPA program, while its other two agencies will focus primarily on the Medicare and other patient populations. Both Harden and GCHC are licensed home health agencies in the state of Tennessee and collectively are licensed in all of the counties that are the subject of this application. There are no new services or new counties being served as a result of this application; it is a reorganization of existing services between related entities. Gentiva has demonstrated a need for this reorganization throughout the application as well as in these supplemental responses.

2. In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county.

waller

Phillip M. Earhart
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The 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed service area.

Response: Please see response to question 1 above.

3. Using recognized population sources, projections for four years into the future will be used.

Response: Please see response to question 1 above.

4. The use rate of existing home health agencies in the county will be determined by examining the latest utilization rate as calculated in the Joint Annual Report of existing home health agencies in the service area.

Based on the number of patients served by home health agencies in the service area, an estimation will be made as to how many patients could be served in the future.

Response: Please see response to question 1 above.

5. Documentation from referral sources:

- a. The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.
- b. The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.
- c. The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.
- d. The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.

Response: Please see response to question 1 above. The services that Gentiva proposes to concentrate in Harden are different from the services offered by the majority of the existing agencies. While other agencies are enrolled with the EEOICPA as providers, the applicant believes that with the exception of Professional Case Management, none of them concentrate or focus on this patient population.

6. The proposed changes shall be reasonable in comparison with those of other similar facilities in the service area or in adjoining service areas.
- a. The average cost per visit by service category shall be listed.
 - b. The average cost per patient based upon the projected number of visits per patient shall be listed.

waller

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Response: The EEIOCPA has a fee schedule pursuant to which it pays the providers participating in its program. A comparison to other home health agencies is not meaningful. The only agency with which Gentiva can compare the services it provides to the EEIOCPA patient population is Professional Case Management, and as previously stated, when it comes to costs, there is a fee schedule for reimbursement. The fee schedule is as follows:

EEIOCPA Fee Schedule			
Code	Description	Charge	Units
T1001	Nursing assessment/evaluation	\$153.20	Visit
T1017	Targeted case management; per 15 min	\$17.95	15 mins
T1019	Personal care service; per 15 min	\$4.85	15 mins
T1020	Personal care service; per diem	\$140.22	8 hours
T1031	Home nursing care, LPN; per diem	\$529.35	8 hours
S5126	Attendant care service/diem	\$140.22	8 hours
S9123	Nursing care, in the home, RN; per hr	\$110.14	1 hour
S9124	Nursing care, in the home, LPN; per hr	\$88.31	1 hour

Average Cost Per Patient for Projected Number of Visits			
2014	2015	2016	2017
\$42,469.60	\$41,666.67	\$42,270.53	\$42,168.67

6. Section C, Need, Item 1.a. (Project Specific Criteria-Home Health Services) (1.-4.) and Section C, Need, Item 5 (Historical Utilization)

It appears there are a sufficient number of HHA providers in the 8-county service area per the estimate of need prepared by the Tennessee Department of Health. Please note the table below.

Phillip M. Earhart
January 22, 2015
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**Home Health Utilization and Need in the Applicant's Proposed 8-County
Additional Service Area**

County	# Authorized Agencies* Licensed/Active	Patients Served Gentiva (2013) Lic#142	Patients served Gentiva2 (2013) Lic#149	Subtotal Patients Served by both Gentiva HHAs (2013)	Total Patients served in Service Area (All HHAs) 2013	Projected Need in County (2018)	Additional Need in County (Surplus) for 2018
Blount	19/18	79	99	178	2,507	2,028	(645)
Campbell	24/18	11	17	28	1,715	638	(1,135)
Claiborne	23/15	0	0	0	2002	499	(1,554)
Grainger	22/20	4	31	35	886	355	(557)
Monroe	22/19	2	14	16	1,517	721	(876)
Morgan	25/21	4	6	10	472	330	(146)
Roane	26/22	25	36	61	2,354	817	(1,561)
Scott	21/15	0	3	3	835	330	(505)
Total		125	206	331	14,090	5,718	(6,979)

* The official population source used by HSDA is the TN Dept. of Health, Division of Health Statistics' Population Projections, 2010-2020

As noted in the table above there is a significant surplus of patients in the service area that is projected in the 8 county service area for calendar year 2018. In addition, it appears that the applicant's sister agencies have a 3% or less combined market share in the service area based on utilization reported in the 2013 JAR. Please discuss why the applicant feels there is a need for the proposed transfer of counties between the 2 agencies at this time.

Response: As previously stated, the applicant's proposal for an internal reorganization is not based on any need for additional home health agencies or services. Gentiva should not be precluded from reorganizing as a result of any lack of need for additional home health agencies or services.

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7. Section C, Need, Item 4.A.

Please provide the following information:

	Blount County	Campbell County	Claiborne County	Grainger County	Monroe County	Morgan County	Roane County	Scott County	Service Area Total	State of TN Total
Current Year (CY), Age 65+	23,812	7,793	6,000	4,329	9,325	3,531	11,701	3,615	70,106	1,012,937
Projected Year (PY), Age 65+	25,829	8,122	6,378	4,557	10,340	3,796	12,508	3,857	75,387	1,102,413
Age 65+, % Change	8%	4%	6%	5%	11%	8%	7%	7%	8%	9%
Age 65+, % Total (PY)	19%	19%	19%	19%	22%	17%	23%	18%	20%	16%
CY, Total Population	129,973	41,783	32,765	23,236	46,563	21,870	54,079	21,915	372,184	6,649,438
PY, Total Population	135,171	42,566	33,280	23,675	48,088	22,004	54,457	21,969	381,210	6,833,509
Total Pop. % Change	4%	2%	2%	2%	3%	1%	1%	.2%	2%	3%
Median Age	41.4	41.7	41.1	42.1	41.6	39.8	43.5	38.1	41.2*	38.0
Median Household Income	\$45,991	\$31,943	\$33,229	\$32,364	\$37,595	\$37,631	\$42,223	\$28,401	\$36,172*	\$44,298
Population % Below Poverty Level	13.7%	23.8%	22.9%	20.4%	19.6%	20.8%	15.0%	28.3%	20.6%*	17.6%

Source: TDH Population Projections, June 2013; U.S. Census QuickFacts and FactFinder 2;

* Average of median age, median household income, and percentage of population below poverty level in service area.

The applicant refers to Attachment C-Need-4 on the bottom of page 16. However, Attachment C-Need-4 could not be located. Please provide.

Response: The applicant included population for the age cohort 65-74 and 75+ but has combined those population cohorts as requested above. In addition, please see Attachment C-Need-4, for additional demographic data from the U.S. Census Bureau, which was inadvertently left out of the original application filing.

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8. Section C, Need, Item 5 (Historical Utilization) and Section C, Economic Feasibility, Item 9

This question is applicable since the applicant is adding counties to an existing home health license. Please respond.

Response: There are no approved but unimplemented CONs of similar institutions in the service area. The services provided by Harden to the EEOICPA patient population are not similar to those for the traditional Medicare population, and, therefore, a comparison does not provide any meaningful data. In addition, the applicant is not proposing any new services or licensed counties, so while the counties may be added to Harden's license, they will simultaneously be de-licensed by GCHC, Harden's sister agency, and the proposal will have no effect on existing providers.

Utilization is provided below for Professional Case Management, a home health agency whose parent office is in Anderson County and whose services are limited to those for the EEOICPA program.

Utilization for Professional Case Management

	2011	2012	2013
Patients	127	182	164
Hours	259,000	245,000	261,062

Response: The applicant's current payor mix is as follows:

EEOICPA: 90% - 95%
Private Pay: 5% - 10%

In addition, please complete the following chart for the proposed HHA and compare to the most recent 12-month payor mix of the applicant's sister company.

Payor	Applicant's Projected Year One Gross Revenues	as a % of Total Gross Revenue	2014 Gross Revenue of Sister HHA Gentiva Health Services	As a % of Total Gross Revenue
Medicare	N/A	N/A	173,652	37.3%
Medicaid/TennCare	N/A	N/A	28,749	6.2%
Commercial insurance	N/A	N/A	161,065	34.6%
Self-Pay	\$300,000	10%	6,601	1.4%
EEOICPA	\$2,700,000	90%	N/A	N/A
Charity	N/A	N/A	N/A	N/A
Other	N/A	N/A	95,422	20.5%
Total	\$3,000,000	100%	465,488	100%

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Given that the applicant is not Medicare/Medicaid certified and plans to primarily serve a special patient population (former DOE employees), it appears that the applicant will not be able to serve the same patient caseload of the sister agency (Gentiva Health Services) in the proposed 8-county service area. Please explain the rationale for the proposed transfer between the 2 related HHAs given the significant differences in the composition of their patient caseloads.

Response: As stated in the application and the supplemental responses, it is precisely because of the difference in the composition of the different patient caseloads that Gentiva is proposing this reorganization. Gentiva recognizes there are efficiencies that could be gained by centralizing its non-Medicare home health program under Harden, the CON applicant.

9. Section C, Need, Item 6

Please provide the details regarding the methodology used to project home health visits, patients, etc. during the first year and second year operation. The methodology must include detailed calculations or documentation from referral sources.

Please complete the following table:

Response: Gentiva generally keeps records by episode, and information based on number of hours is not readily available by county. We have provided the historical and projected number of patients by county in the chart below.

The Home Option of Harden Healthcare

		2010	2011	2012	2013	2014	2015	2016	2017
Existing 6 licensed Counties-Home Option of Harden Healthcare									
Anderson	Patients	1	0	0	14	31	31	36	36
	Hours	-	-	-	-	-	-	-	-
Jefferson	Patients	0	0	0	1	0	0	0	0
	Hours	-	-	-	-	-	-	-	-
Knox	Patients	0	0	1	10	27	27	31	31
	Hours	-	-	-	-	-	-	-	-
Loudon	Patients	0	0	0	1	5	5	6	6
	Hours	-	-	-	-	-	-	-	-
Sevier	Patients	0	0	0	1	1	1	1	1
	Hours	-	-	-	-	-	-	-	-
Union	Patients	0	0	0	1	0	0	0	0
	Hours	-	-	-	-	-	-	-	-
Sub-total	Patients	1	0	1	28	64	64	74	74
	Hours	-	-	-	-	-	-	-	-

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Proposed addition of 8 counties- Home Option of Harden Healthcare									
Blount	Patients				0	0	0	0	0
	Hours				-	-	-	-	-
Campbell	Patients				0	0	0	0	0
	Hours				-	-	-	-	-
Claiborne	Patients				0	0	0	0	0
	Hours				-	-	-	-	-
Grainger	Patients				0	0	0	0	0
	Hours				-	-	-	-	-
Monroe	Patients				0	0	0	0	0
	Hours				-	-	-	-	-
Morgan	Patients				0	0	0	0	0
	Hours				-	-	-	-	-
Roane	Patients				1*	8	8	9	9
	Hours				-	-	-	-	-
Scott	Patients				0	0	0	0	0
	Hours				-	-	-	-	-
Subtotal	Patients				1	8	8	9	9
	Hours				-	-	-	-	-
Total	Patients				29	72	72	83	83

*Please see response to Question 2, page 3 regarding patient in Roane County.

It is noted the applicant proposes to de-license 8 counties from Gentiva Health Services if this application is approved. Please complete the following table for Gentiva Health Services which will reflect the future impact of de-licensing those 8 counties.

Response: Gentiva records services by episodes, and information based on number of hours is not readily available. There were 75 total episodes last year. Gentiva does not anticipate a significant impact on the number of patients or episodes for the overall Gentiva home health services provided by Gentiva agencies in these counties because it is expected that the GCHC patients who would be served in those counties will be served by GHC after the de-licensing.

10. Section C, Economic Feasibility, Item 2

Please provide appropriate documentation (letter) of funding for the proposed project from the Chief Financial Officer for the \$35,000 legal, administrative, and Consultant Fees.

Response: As there are no ongoing costs for this project, there are no funding sources for this project. The filing fee will be paid at the time the application is filed and the legal fees associated with the project are anticipated to be paid on an ongoing basis. As its annual report shows, which was included in the original CON application, Gentiva has sufficient resources to fund these expenses.

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11. Section C, Economic Feasibility, Item 4. (Historical Data Chart)

The Historical Data Chart is noted. However, there appears to be calculation errors in the operating expenses section. Please correct and resubmit.

Response: Please see corrected Historical Data Chart as Attachment C, Economic Feasibility-4.

The Historical Data Chart is noted. However, please also indicate the number of hours for line A. Utilization Data.

Response: Gentiva records utilization data per episode and does not have the utilization broken down by number of hours readily available. As such, the hours were not reported on line A. Utilization Data, but the number of patients is included.

12. Section C, Economic Feasibility, Item 4. (Projected Data Chart)

The Projected Data Chart is noted. However, please indicate both number of patients and hours for line A. Utilization Data.

Response: The projected number of patients for 2015 is 72 and the projected number of patients for 2016 is 83 patients. As noted above, Gentiva records utilization data per episode and does not have the utilization broken down by number of hours readily available, and as such, the hours have not been listed on line A. Utilization Data.

In addition, please clarify if the projected data chart is for the proposed addition of 8 counties only.

Response: As requested in the instructions with the projected data chart, the revenue and expense projections are for the Proposal only.

Please provide a Projected Data Chart for Home Option of Harden Healthcare as a whole and one for the 8 proposed counties.

Response: The projected number of patients for Harden as a whole for 2015 is 72 and for 2016 it is 83. The projected gross revenue for 2015 is \$3,000,000 and for 2016 is \$3,500,000.

Please also provide figures for total operating expenses and total capital expenditures in the Projected Data Chart and resubmit.

Response: The Projected Data Chart has reported both Total Operating Expenses and Net Operating Income Less Capital Expenditures. There are no expected Capital Expenditures, so those line items were left blank.

13. Section C, Economic Feasibility, Item 6.A.

Please provide the Department of labor fee schedule referenced in the application.

Response: Please see fee schedule referenced above. It has been replicated here for ease of reference.

EEIOCPA Fee Schedule			
Code	Description	Charge	Units
T1001	Nursing assessment/evaluation	\$153.20	Visit
T1017	Targeted case management; per 15 min	\$17.95	15 mins
T1019	Personal care service; per 15 min	\$4.85	15 mins
T1020	Personal care service; per diem	\$140.22	8 hours
T1031	Home nursing care, LPN; per diem	\$529.35	8 hours
S5126	Attendant care service/diem	\$140.22	8 hours
S9123	Nursing care, in the home, RN; per hr	\$110.14	1 hour
S9124	Nursing care, in the home, LPN; per hr	\$88.31	1 hour

14. Section C., Economic Feasibility, Item 7

Please provide a response.

Response: As is shown on the Projected Data Chart the applicant projects Net Operating Income of \$470,700 in the first year of operation and \$563,950 in the second year of operation for the Proposal only, demonstrating that the reorganization is financially feasible and will contribute to the bottom line for Harden.

15. Section C., Economic Feasibility, Item 8

The applicant refers to Net Revenue of \$470,000 in Year One and \$563,950 in Year Two in the response. Please clarify if the applicant meant to refer to the two figures as Net Operating Income Less Capital Expenditures rather than Net Revenue.

Response: The correct reference should be to Net Operating Income. There are no capital expenditures.

16. Section C., Economic Feasibility, Item 9

The applicant projects a 10% private insurance payor mix. Please describe this segment of home health business including contracts and type of services provided.

Response: The application should have referenced a 10% private pay mix - it is not insurance related.

17. Section C, Orderly Development, Item 1

Why is there not a need for contractual relationships if the EEOICPA is the applicant's primary referral source?

Response: No revenue is received from other payor sources, which is generally the source of contracts. In addition, some providers need to contract with other providers to provide services, but such is not the nature of the home health business.

18. Section C, Contribution to Orderly Development, Item 3.

Please provide the following information:

Position	No. of Full Time Equivalent Employees	1st Year	2 nd Year	Applicant's Planned Salary/Wage Range	Prevailing Wage for this type of employee*
Administrator	1	1	1	77,000	Not Reported
RN Case Manager	1	1	1	65,000	24.80 (RN)
Field RN Case Manager	1	1	2	28.00	24.80 (RN)
Intake Coordinators	1	1	1	49,000	Not Reported
Staff RNs	2	2	2	25.00	24.80 (RN)
Staff LPNs	8	8	12	21.00	16.70 (2013)
Staff HHA/CNA	16	16	22	11.00	8.80 (HHA) 10.45 (CNA)
TOTAL	30	30	41		

*TN Dept. of Labor & Workforce Development

19. Section C. (Contribution to Orderly Development) Item 7

Please provide documentation of the applicant's License from the US Dept. of Labor.

Response: The applicant does not have a license from the US Department of Labor; it is simply an enrolled provider. Please see list of enrolled providers for the State of Tennessee included in Attachment C, Contribution to Orderly Development- 7.

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20. Section C, Contribution to Orderly Development, Item 8 and 9.

The applicant has responded "Not applicable" to items 8 and 9. Please clarify.

Response: The applicant responded Not applicable because there are none. Please see revised pages marked to reflect "None", included as Attachment C, Contribution to Orderly Development - 8, 9.

21. Proof of Publication

Publication in the daily Times, LaFollete Press, Claiborne Progress, Grainger Today, The Advocate and Democrat, Morgan County News, Roane County News and Independent Herald is noted. Please document that these newspapers comply with Agency statute regarding general circulation.

Response: Please see attached verification from each newspaper that it is a newspaper of general circulation in the respective counties in which the notices were published.

If you have any questions, please contact me at 850-8722 or by email at kim.looney@wallerlaw.com

Sincerely,

Kim H. Looney by C. Kolen

Kim Harvey Looney
Waller Lansden Dortch & Davis LLP

KHL:lg
Attachments

January 22, 2015

4:21 pm

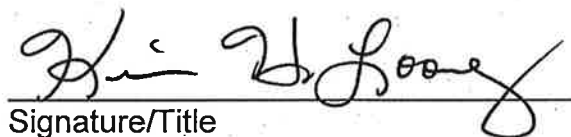
AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY: The Home Option by Harden Healthcare CN1501-001

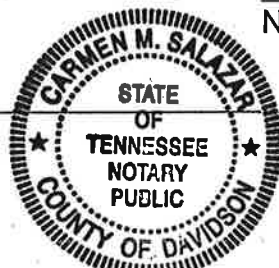
I, KIM H. LOONEY, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.


Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 22nd day of January, 2015, witness my hand at office in the County of Davidson, State of Tennessee.


NOTARY PUBLIC

My commission expires _____



HF-0043

Revised 7/02

**MY COMMISSION EXPIRES:
JULY 8, 2017**

Attachment B, Project Description - 1
EEOICPA Enrolled Providers

January 22, 2015

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ACS Web Bill Processing Portal Office of Workers' Compensation Programs

[Home](#) | [ACS Contact Info](#) | [Portal FAQ](#) | [Forms & Links](#) | [FECA & DEEOIC Fee Schedule](#)[HELP](#)

Provider Search - Result

46 items found, displaying 1 to 25.

[First/Prev] 1, 2 [Next/Last]

Sort Feature - In order to sort by any field click on the column name. To reverse the order click on the column name again. Note the little arrows ↕ by each field indicate the order of sort; Ascending ▲ or Descending ▼.

Click the Back button to return to the search page.

Name	Address	Provider Type	Specialty	Office Phone
CAMELLIA HOME HEALTH	2829 WEST ANDREW JOHNSON HWY MORRISTOWN, TN 378140000	Home Health Agency		(423) 200-4897
CAMELLIA HOME HEALTH	404 RACE STREET KINGSTON, TN 377630000	Home Health Agency		(865) 882-5477
TENNOVA HOME HEALTH	7203 CHAPMAN HWY KNOXVILLE, TN 379200000	Home Health Agency		(865) 647-3600
CARESOUTH HHA HOLDINGS OF WINCHESTE	2068 COWAN HIGHWAY WINCHESTER, TN 373982446	Home Health Agency		(931) 967-0633
RIGHT AT HOME	601 CONCORD ST STE 202 KNOXVILLE, TN 379190000	Home Health Agency		(865) 766-5718
HEALTH CARE INITIATIVE OF TN INC	4026 LARIGO DR KNOXVILLE, TN 379143161	Home Health Agency		(865) 548-5805
GIRLING HEALTH CARE INC	320 N CEDAR BLUFF STE 360 KNOXVILLE, TN 379230000	Home Health Agency		(865) 690-7767
LIFE CARE AT HOME OF TN	7625 HAMILTON PARK DRIVE SUITE 16 CHATTANOOGA, TN 374211125	Home Health Agency		(423) 473-5256
AMEDISYS HOME HEALTH CARE	575 OAK RIDGE TPKE STE 130 OAK RIDGE, TN 378307187	Home Health Agency		(865) 481-3434
CARESOUTH HHA HOLDINGS OF WINCHESTE	1535 W NORTHFIELD BLVD STE 1 MURFREESBORO, TN 371292559	Home Health Agency		(615) 895-8383
FOR O INC	DBA HOME INSTEAD SENIOR CARE 2412 W ANDREW JOHNSON STE E MORRISTOWN, TN 378140000	Home Health Agency		(423) 587-5800
RESCARE HOMECARE-KNOXVILLE	5401 KINGSTON PIKE SUITE 130 KNOXVILLE, TN 379195022	Home Health Agency		(865) 558-8431
DONELSON HOME HEALTH A GENTIVA CO	115 WINWOOD DRIVE SUITE 101 LEBANON, TN 370870000	Home Health Agency		(615) 449-0045
ABC INC	DBA HOME INSTEAD SENIOR CARE 4635 CHAMBLISS AVENUE KNOXVILLE, TN 379190000	Home Health Agency		(865) 523-1300
EAST TN PERSONAL CARE SERVICE	320 N CEDAR BLUFF RD SUITE 220 KNOXVILLE, TN 379230000	Home Health Agency		(865) 692-2200
PROFESSIONAL CASE MANAGEMENT OF TN	800 OAKRIDGE TURNPIKE B 100 OAKRIDGE, TN 378300000	Home Health Agency		(303) 757-4808
HOME HELPERS OF EAST TN	2240 SUTHERLAND AVE STE 106 KNOXVILLE, TN 379190000	Home Health Agency		(865) 771-9119
CARESOUTH HHA HOLDINGS OF WINCHESTE	828 ROYAL PKWY STE 111 NASHVILLE, TN 372143748	Home Health Agency		(615) 889-3336
HIGHPOINT HOMECARE		Home Health Agency		(615) 328-6395

The results shown indicate the most current provider information available as of the search date. This information is updated weekly. Provider phone number information may not be current. Please verify this information in your local phone book.

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Name	Address	Provider Type	Specialty	Office Phone
	575 EAST BLEDSOE STREET SUITE 2 GALLATIN, TN 370663052			
CAMELLIA HOME HEALTH	2221 JACKSBORO PIKE SUITE C15 LAFALLETTE, TN 377660000	Home Health Agency		(423) 566-6620
PERSONAL CARE CHOICES	357 N HOUSTON ST MARYVILLE, TN 378014764	Home Health Agency		(865) 681-0999
SMOKY MOUNTAIN HOME HEALTH AND HOSP	222 HERITAGE BLVD NEWPORT, TN 378210000	Home Health Agency		(423) 623-0233
THE HOME OPTION	DBA HARDEN HEALTHCARE 800 OAK RIDGE TURNPIKE#A208 OAK RIDGE, TN 378300000	Home Health Agency		(512) 663-6550
RMCM HEALTHCARE LLC	DBA BRIGHTSTAR OF MEMPHIS 6300 POPLAR AVE STE 103 MEMPHIS, TN 381190000	Home Health Agency		(901) 522-6899
GENTIVA HEALTH SERVICES	6223 HIGHLAND PLACE WAY STE 101 KNOXVILLE, TN 379194035	Home Health Agency		(865) 584-3133

The results shown indicate the most current provider information available as of the search date. This information is updated weekly. Provider phone number information may not be current. Please verify this information in your local phone book.

[Back](#)

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Home Health Care Services and the EEOICPA, 2015

4:21 pm

General Information

Under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA), which is administered by the U.S. Department of Labor's (DOL) Division of Energy Employees Occupational Illness Compensation (DEEOIC), eligible claimants are entitled to medical benefits to cover the reasonable cost of treatment for accepted medical illness(es). Medical benefits include those services, appliances, and supplies prescribed or recommended by a qualified physician, which are likely to cure, give relief to, or reduce the degree or the period of the accepted illness. Home health care is one of the many medical benefits you may receive for an accepted illness(es) under the EEOICPA.

This booklet covers the most frequently asked questions by DEEOIC claimants regarding home health care. While this booklet provides basic information about the home health care benefits you may qualify for under the EEOICPA, unique or special circumstances may require personalized attention.

For further information about special circumstances or individual cases, please contact one of DEEOIC's Resource Centers or your claims examiner at one of DEEOIC's four District Offices. DEEOIC's Resource Centers and District Offices' contact information is listed at the end of this booklet.

What Is Home Health Care?

Home health care includes both in-home skilled nursing care, and the services of a home health aide, to assist you with activities of daily living, related to your accepted illness(es). Examples of these daily activities include assistance with mobility around the house, dressing and feeding, and food preparation.

When Can I Apply for Home Health Care?

There are no restrictions on when you can apply for home health care once a work-related illness is accepted in your EEOICPA claim. However, home health care is authorized based upon the presentation of medical evidence from your treating physician confirming the need for care due to an accepted illness(es).

Do I Need Pre-Approval from the DEEOIC District Office Claims Examiner Assigned to My Claim Before Beginning to Receive Home Health Care?

Yes. Home health care services may be covered under the EEOICPA, but *pre-approval* by your DEEOIC District Office Claims Examiner is required **before** you incur the expense. Your case ID number should be clearly noted on any home health care request.

What Do I Need to Submit With My Request for Home Health Care?

When initially requesting home health care, the physician treating you for an accepted work-related illness will be asked to supply a letter of medical necessity or a written explanation of the care you require, called a Plan of Care. Any letter of medical necessity or Plan of Care must explain the need for home health care as it relates to the accepted illness(es) in your claim. Your physician is to clearly describe the following:

- Level of care required such as skilled nursing care, home health aide, etc.
- Frequency of care required (i.e., number of hours per day or week for each type or level of care) and
- Time period for which you will require home health care

Medical evidence presented by a physician who has not personally treated your accepted work-related illness, or who is otherwise unfamiliar with your treatment needs, is of reduced probative value in assessing home health care requests.

Is a Recent Physical Examination Needed to Receive Home Health Care?

Yes. DEEOIC requires your treating physician to have conducted a recent physical examination in support of any request for home health care services. A recent physical examination is defined as a face-to-face encounter between the requesting physician and the DEEOIC approved patient, within 60 days prior to the submission of a home health care authorization request. Any letter of medical necessity or Plan of Care requesting home health care must identify the name, address and telephone number of the requesting physician accompanied by his or her signature.

In addition, the physician is to submit a written narrative medical report that documents the results of the examination to include pertinent history and physical findings, specific functional limitations associated exclusively with the accepted work-related illness(es), medical rationale supporting the requested level and duration of home health care, and a discussion of the specific duties to be performed by a home

Home Health Care Services and the DEEOIC, 2015

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4:21 pm

health care nurse or home health aide. The discussion should include, but not be limited to, the patient's particular needs regarding the administration of medication, medical monitoring, dressing changes, medical equipment checks, and activities of daily living, such as bathing and personal hygiene, meal preparation and feeding, and assistance in ambulating about the household.

Home health care authorization requests not accompanied or supported by the requested medical evidence may be delayed or denied. Submission of prescription forms, or other documentation signed by a physician who has not physically examined the patient will be of reduced probative value in assessing requests for home health care services.

Am I Free To Choose From Any Home Health Care Provider?

Yes. Once approval is granted for home health care services, you are free to choose any licensed medical provider. Moreover, you are free to change home health care providers at any time.

How Can I Determine if a Home Health Care Provider is Enrolled in the Energy Employees Occupational Illness Compensation Program?

A provider search feature is on the medical bill payment agent's bill processing website:
<http://owcp.dol.acs-inc.com>

You should also check with your home health care provider for information on whether they are enrolled in the Energy Employees Occupational Illness Compensation Program.

How Can a Home Health Care Provider Obtain Enrollment and Billing Information?

If the home health care provider you wish to use is not enrolled in the program, they may obtain enrollment and billing information by calling the medical bill payment agent toll-free at (866) 272-2682 or by contacting one of the Resource Centers listed at the end of this booklet. Enrollment forms are available on the medical bill payment agent's website:

<http://owcp.dol.acs-inc.com>

Does DEEOIC Endorse a particular Home Health Care Provider or Certify Providers That Provide Home Health Care Services?

No. DEEOIC neither endorses nor sponsors any home health care provider, or any other entity providing medical services.

Once I Am Approved for Home Health Care Services, Is My Approval Permanent?

No. Approval for home health care services is not permanent. Approval for home health care services is granted for up to six-month periods and must be renewed with the submission of updated medical information from your treating physician and a new face-to-face evaluation within 60 days of reauthorization.

Can I Request Changes to An Approved Level of Home Health Care?

Yes. Changes to an approved level of home health care must be requested in writing and must be accompanied by medical documentation from your treating physician which explains the basis for any alteration in your current plan of care.

Can DEEOIC Review My Home Health Care Authorization At Any Time?

Yes. DEEOIC may conduct reviews of home health care authorizations using medical consultants, field nurses, or other forms of inquiry with your treating physician at any given time.

How Do My Home Health Care Bills Get Paid?

If your home health care provider is enrolled in the program, the DEEOIC will pay them directly, based upon a set-rate fee schedule.

If your home health care provider is not enrolled in the program, you may obtain reimbursement for out-of-pocket expenses for covered medical care by completing Form OWCP-915, Claim for Medical Reimbursement. Reimbursement payments are paid in accord with a set-rate fee schedule. In addition, you must submit the following items which are to be attached securely to the form:

- Provider's itemized billing statement;
- Receipt of payment by your provider; and
- Evidence of your method of payment.

Acceptable evidence of payment includes a cash receipt, copy of your cancelled check (both front and back), or a copy of your credit card receipt.

Mail the completed Claim for Medical Reimbursement form with attachments to the medical bill payment agent at:

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Home Health Care Services and the EEOICPA, 2015

SUPPLEMENTAL #1
4:21 pm

Energy Employees Occupational Illness
Compensation Program
P.O. Box 8304
London, KY 40742-8304

Who Do I Contact for Assistance with My Claim?

DEEOIC maintains four District Offices nationwide that process claims under the EEOICPA. District Offices are located in Cleveland, Ohio; Denver, Colorado; Jacksonville, Florida; and Seattle, Washington; with jurisdiction based on the location of the employee's last employment. The District Offices, including their regional jurisdiction, are listed below.

Cleveland District Office

1001 Lakeside Avenue, Suite 350
Cleveland, Ohio 44114
Main: (216) 802-1300
Fax: (216) 802-1308
Toll Free: (888) 859-7211

Serving:

Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Maine, Maryland, Massachusetts, Michigan, Minnesota, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virgin Islands, Virginia, West Virginia and Wisconsin

Denver District Office

P.O. Box 25601
One Denver Federal Center, Bldg. 53
Denver, Colorado 80225-0601
Main: (720) 264-3060
Fax: (720) 264-3099
Toll Free: (888) 805-3389

Serving:

Arkansas, Colorado, Kansas, Louisiana, Missouri, Montana, Nebraska, North Dakota, Oklahoma, South Dakota, Texas, Utah, Wyoming and all claims from RECA Section 5 awardees

Jacksonville District Office

400 West Bay Street, Room 722
Jacksonville, Florida 32202
Main: (904) 357-4705
Fax: (904) 357-4704
Toll Free: (877) 336-4272

Serving:

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee

Seattle District Office

300 Fifth Avenue, Suite 1050 E
Seattle, Washington 98104-2397
Main: (206) 373-6750
Fax: (206) 373-6798
Toll Free: (888) 805-3401

Serving:

Alaska, Arizona, California, Idaho, Hawaii, Marshall Islands, Nevada, New Mexico, Oregon and Washington

DEEOIC also established 11 Resource Centers nationwide to assist employees and their families in applying for benefits under the EEOICPA. If you need help with any part of your EEOICPA claim, including home health care, you may contact the nearest Resource Center. Resource Center staff provides assistance either in person or over the telephone; therefore, they are able to provide service to individuals who live outside the immediate geographical area. The Resource Centers, including their regional jurisdiction, are listed below.

California Resource Center

7027 Dublin Blvd., Suite 150
Dublin, California 94568
Main: (925) 606-6302
Fax: (925) 606-6303
Toll Free: (866) 606-6302
California - Hawaii

Denver Resource Center

8758 Wolff Court, Suite 101
Westminster, Colorado 80031
Main: (720) 540-4977
Fax: (720) 540-4976
Toll Free: (866) 540-4977
Colorado - Wyoming - Kansas
Nebraska - Oklahoma - Iowa

Espanola Resource Center

412 Paseo De Onate, Suite "D"
Espanola, New Mexico 87532
Main: (505) 747-6766
Fax: (505) 747-6765
Toll Free: (866) 272-3622
New Mexico - Texas

Hanford Resource Center

303 Bradley Blvd., Suite 104
Richland, Washington 99352
Main: (509) 946-3333
Fax: (509) 946-2009
Toll Free: (888) 654-0014
Washington - Oregon - Alaska

Idaho Resource Center

Exchange Plaza
1820 East 17th Street, Suite 250
Idaho Falls, Idaho 83404
Main: (208) 523-0158
Fax: (208) 557-0551
Toll Free: (800) 861-8608
Idaho - North Dakota - Utah
South Dakota - Montana

Las Vegas Resource Center

Flamingo Executive Park
1050 East Flamingo Rd., Suite W-156
Las Vegas, Nevada 89119
Main: (702) 697-0841
Fax: (702) 697-0843
Toll Free: (866) 697-0841
Nevada - Arizona

New York Resource Center

6000 North Bailey Avenue
Suite 2A, Box #2
Amherst, New York 14226
Main: (716) 832-6200
Fax: (716) 832-6638
Toll Free: (800) 941-3943
Maine - New Hampshire
Vermont - Massachusetts
New York - Connecticut
New Jersey - Rhode Island
Delaware - Pennsylvania
Maryland

Oak Ridge Resource Center

Jackson Plaza Office Complex
800 Oak Ridge Turnpike
Suite C-103
Oak Ridge, Tennessee 37830
Main: (865) 481-0411
Fax: (865) 481-8832
Toll Free: (866) 481-0411
Tennessee - Mississippi - Alabama
Louisiana - Arkansas - Virginia

Paducah Resource Center

Barkley Center, Unit 125
125 Memorial Drive
Paducah, Kentucky 42001
Main: (270) 534-0599
Fax: (270) 534-8723
Toll Free: (866) 534-0599
Kentucky - Indiana - Illinois
Missouri

Portsmouth Resource Center

1200 Gay Street
Portsmouth, Ohio 45662
Main: (740) 353-6993
Fax: (740) 353-4707
Toll Free: (866) 363-6993

Ohio - Michigan - Wisconsin
Minnesota - West Virginia
Puerto Rico - District of Columbia

Savannah River Resource Center

1708 Bunting Drive
North Augusta, South Carolina 29841
Main: (803) 279-2723
Fax: (803) 279-0146
Toll Free: (866) 666-4606
South Carolina - North Carolina
Georgia - Florida



Energy Employees Claimant Assistance Project

Help for EEOICPA claimants

Answers to Basic EEOICPA Questions
EEOICPA, Part B, Part E, claim, survivor, authorized representative

Answers to Basic EEOICPA Questions

[HOME](#)
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2013 Ombudsman's Report to Congress



The [2013 Office of the EEOICPA Ombudsman's Report to Congress](#) is out. The Report details problems reported to the Ombudsman over the year. Remember to contact the [Ombudsman's Office](#) whenever you experience a problem with EEOICPA.

DOL Responds to 2012 Ombudsman Report



Department of Labor's [DEEOIC](#) has responded to the [2012 Ombudsman's Annual Report to Congress](#).

EEOICPA Basics

Type in your Search Term

 [Find in Page](#)

1. [What is EEOICPA?](#)
2. [Why did Congress create EEOICPA?](#)
3. [Who may file an EEOICPA claim?](#)
4. [Who is a survivor under EEOICPA?](#)
5. [What is Part B?](#)
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8. [What can I do to improve my claim?](#)
9. [What is an AWE site?](#)
10. [What is a Beryllium Vendor site?](#)
11. [What is a DOE site?](#)
12. [What is an Authorized Representative?](#)



What is EEOICPA?

- The Energy Employees Occupational Illness Compensation Program Act (EEOICPA) is a federal program created by Congress to compensate nuclear weapons workers who were made ill, or the surviving family members of deceased workers, by work done in the US nuclear weapons industry beginning in WW2. EEOICPA also provides medical benefits for approved illnesses.

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Why did Congress enact EEOICPA?

- In 2000 Congress determined that nuclear weapons production and testing involves unique dangers and workers could be harmed by exposure to even small amounts of radiation or beryllium. Congress felt that many Cold War nuclear weapons workers at Department of Energy (DOE) sites had been put at risk without their knowledge or consent. Previously secret records documented unmonitored exposures to radiation, beryllium, and toxic chemicals. Prior to the enactment of EEOICPA DOE contractors were always held harmless which made it was nearly impossible for nuclear workers to obtain compensation. Over two

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2013 Institute of Medicine's Site Exposure Matrix Review



Institute of Medicine of the National Academies reviewed DOL's Public Site Exposure Matrix with very concrete recommendations to greatly improve the database DEEOIC relies heavily on in the determination of whether a claim should be paid or not.

dozen recently published scientific studies show that some nuclear weapons workers have increased risk of dying from cancer and other diseases. Other studies show a correlation between disease and radiation or beryllium exposure. Studies also show that 98% of radiation induced cancers in nuclear workers occurred at radiation levels less than the existing maximum "safe" levels.

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Who may file an EEOICPA claim?

- Any worker who has been diagnosed with cancer or any other illness caused by chemical or toxins and who worked at one of the covered DOE facilities may file a claim.
- Anyone who is a survivor, as defined by the law, of a worker who died of cancer or chemically caused illness and worked at one of the covered DOE facilities may file a claim.

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Who is a survivor under EEOICPA?

Survivors are defined differently for Part B and Part E.

- Survivors under Part B include:
 - 1) a spouse of a worker, married for at least one year
 - 2) a child if there is no living spouse
 - 3) a parent if there is no living spouse or child
 - 4) a grandparent if there is no living spouse, child or parent
 - 5) a grandchild if no surviving spouse, child, parent, or grandparent.
- Survivors under Part E include:
 - 1) a spouse of a worker, married for at least one year
 - 2) if there is no surviving spouse, children who were under age 18 at the time of the worker's death, and children up to age 23 if in college at the time of the workers death, or children any age if unable to work because of medical disability at the time of the worker's death.

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What is Part B?

- Part B of EEOICPA provides compensation for workers with radiation induced cancers, beryllium disease or silicosis. Claimants whose claims are approved will receive a lump-sum payment of \$150,000 and medical benefits for the covered illness. Some claimants paid under Part B will also be paid under Part E.
- There are two ways to be paid under a Part B radiation claim:
 - The National Institute for Occupational Safety and Health (NIOSH) does a dose reconstruction for a claimant to estimate what radiation the worker was exposed to.
 - If NIOSH does not have enough evidence to estimate the amount of radiation workers at a facility were exposed to a Special Exposure Cohort (SEC) can be designated to allow workers with any one of twenty-two qualifying cancers to be approved without undergoing a dose reconstruction.
- NIOSH then sends the claim to Department of Labor for final determination.
- [More detailed information on Part B.](#)
- [EECAP Part B-Part E brochure](#)

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What is Part E?

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- Part E compensates workers for all occupationally induced illnesses caused by any toxic substance. Claimants with approved claims can receive compensation for lost wages and impairment of up to \$250,000 plus medical benefits for the covered illness.
- Part E used to be known as Part D. Originally Part D was managed by Department of Energy (DOE). In 2004 Department of Labor (DOL) took over and now manages Part E claims.
- [More detailed information on Part E.](#)
- [EECAP's Part B-Part E brochure](#)

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How do I file a claim?

- Fill out the [Department of Labor forms](#). These can be printed out and mailed or the application can be made on line.
- If you need help filling out the forms or you have questions, your local [Resource Center](#) can assist you. They can fill out the forms over the phone and mail them for you.
- EECAP can also help you by answering questions or filling out the form for you.

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What can I do to improve my claim?

- Keep copies of all EEOICPA mailings to and from DOL and NIOSH in a three-ring binder for quick reference. Or if you prefer, scan all documents into your computer and store there.
- Put all requests to DOL or NIOSH in writing. When either agency gives you a verbal answer to a question ask them to put it in writing as well. In case you need to take your claim to appeal you will want a clear paper trail.
- When mailing important information to DOL send it by certified mail and save the receipts to prove they received the information.
- Never mail originals of any documents; send only copies
- [File a Freedom of Information Act \(FOIA\)](#) request with Department of Energy (DOE) and request a copy of all the records in your file. Specifically ask for your Industrial Hygienist and Health Physics reports. DOL does not always request all your records. Often you will find information that is helpful with your claim.
- If your claim has been in progress for a while, request a copy of your administrative record from DOL. This should contain everything that DOL has on your claim, including internal communications. This may help you identify errors that have been made on your claim.
- For your Part E claim review DOL's Site Exposure Matrix (SEM) for your facility. While the SEM is incomplete it does offer a good place to start researching what toxins were on your site.
- Review documents from your facility for the time period that you worked there whenever possible. These documents are invaluable when it comes to documenting your exposure. DOL does not have all exposures documented. When you find a toxin or radionuclide you likely were exposed to, copy the document, noting the page number and site identifier of the document. Organize these and send them to DOL. Then also send a copy of all radionuclide exposure to NIOSH.
- When NIOSH sends you a draft dose reconstruction it will have a form OCAS-1 with it. NIOSH will tell you that you need to sign and return this form within 60 days or DOL will close the claim. If you feel that you need to do more research to improve your claim, write to DOL and tell them you are actively pursuing additional information on your claim and that you would like to put the claim on hold while you look. This will keep DOL from closing your claim and give you more time to investigate.
- Contact your [Senate](#) and [House](#) Constituent Services departments and ask for their help.

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What is an AWE site?

- An Atomic Weapons Employer is a private company that processed or produced radioactive material used to create atomic weapons for the United States, except for uranium mining and milling. This can include a period of residual contamination. Workers at AWE sites are eligible for Part B. DOE determines which sites are AWE sites.
- DOE's Office of Health, Safety and Security maintains a [searchable database of the different facilities and their classifications](#). EECAP has developed a [fact sheet that shows how a site was classified](#) during a specific time period. Also, information on how a site is classified is available on EECAP's [Facilities Information Map](#).

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What is a Beryllium Vendor site?

- A Beryllium Vendor is a private company that produced beryllium for use in atomic weapons for the United States and is named in a Department of Energy list. This can include a period of residual contamination. Workers at Beryllium Vendor sites are eligible for Part B. DOE determines which sites are BE sites.
- DOE's Office of Health, Safety and Security maintains a [searchable database of the different facilities and their classifications](#). EECAP has developed a [fact sheet that shows how a site was classified](#) during a specific time period. Also, information on how a site is classified is available on EECAP's [Facilities Information Map](#).

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What is a DOE site?

- A DOE facility is a location that DOE owned or leased or held certain contracts while producing radioactive material for atomic bombs or in which certain contracts were held. This can include a period of residual contamination. Workers at DOE sites are eligible for both Part B and Part E. DOE determines which sites are DOE sites.
- DOE's Office of Health, Safety and Security maintains a [searchable database of the different facilities and their classifications](#). EECAP has developed a [fact sheet that shows how a site was classified](#) during a specific time period. Also, information on how a site is classified is available on EECAP's [Facilities Information Map](#).

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What is an Authorized Representative?

- An [Authorized Representative](#) is someone the claimant appoints to help with the claim. If you are having trouble finding information you need for your claim or if you are feeling stressed by the EEOICPA process an Authorized Representative may be helpful to you.
- You can appoint anyone you wish to be an Authorized Representative but you can only have one Authorized Representative at a time.
- You can appoint an Authorized Representative using [DOL's form](#) or you may [send a signed letter to DOL](#) with the appointed person's name, address and phone number.
- EECAP also has an [Authorized Representative brochure](#).

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Photo courtesy of DOE

Quick Links

[Home](#)[About](#)[ANWAG](#)[Contact](#)[EEOICPA](#)[Facilities](#)[DOL Info](#)[NIOSH Info](#)[Services](#)[Fundraiser](#)[Sitemap](#)

Social Media

Click on the icons below to become our Facebook friend, connect with us on LinkedIn, or follow us on Twitter to see what we are tweeting about



Contact us

EECAP

P.O. Box 552 | Yellow Springs | Ohio
45387

(937) 767-2890

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Site powered by i3dTHEMES

Attachment C, Contribution to Orderly Development- 7
Enrolled Providers

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ACS Web Bill Processing Portal Office of Workers' Compensation Programs

[Home](#) | [ACS Contact Info](#) | [Portal FAQ](#) | [Forms & Links](#) | [FECA & DEEOIC Fee Schedule](#)[HELP](#)

Provider Search - Result

46 items found, displaying 1 to 25.

[First/Prev] 1, 2 [Next/Last]

Sort Feature - In order to sort by any field click on the column name. To reverse the order click on the column name again. Note the little arrows by each field indicate the order of sort; Ascending or Descending.

Click the Back button to return to the search page.

Name	Address	Provider Type	Specialty	Office Phone
CAMELLIA HOME HEALTH	2829 WEST ANDREW JOHNSON HWY MORRISTOWN, TN 378140000	Home Health Agency		(423) 200-4897
CAMELLIA HOME HEALTH	404 RACE STREET KINGSTON, TN 377630000	Home Health Agency		(865) 882-5477
TENNOVA HOME HEALTH	7203 CHAPMAN HWY KNOXVILLE, TN 379200000	Home Health Agency		(865) 647-3600
CARESOUTH HHA HOLDINGS OF WINCHESTE	2068 COWAN HIGHWAY WINCHESTER, TN 373982446	Home Health Agency		(931) 967-0633
RIGHT AT HOME	601 CONCORD ST STE 202 KNOXVILLE, TN 379190000	Home Health Agency		(865) 766-5718
HEALTH CARE INITIATIVE OF TN INC	4026 LARIGO DR KNOXVILLE, TN 379143161	Home Health Agency		(865) 548-5805
GIRLING HEALTH CARE INC	320 N CEDAR BLUFF STE 360 KNOXVILLE, TN 379230000	Home Health Agency		(865) 690-7767
LIFE CARE AT HOME OF TN	7625 HAMILTON PARK DRIVE SUITE 16 CHATTANOOGA, TN 374211125	Home Health Agency		(423) 473-5256
AMEDISYS HOME HEALTH CARE	575 OAK RIDGE TPKE STE 130 OAK RIDGE, TN 378307187	Home Health Agency		(865) 481-3434
CARESOUTH HHA HOLDINGS OF WINCHESTE	1535 W NORTHFIELD BLVD STE 1 MURFREESBORO, TN 371292559	Home Health Agency		(615) 895-8383
FOR O INC	DBA HOME INSTEAD SENIOR CARE 2412 W ANDREW JOHNSON STE E MORRISTOWN, TN 378140000	Home Health Agency		(423) 587-5800
RESCARE HOMECARE-KNOXVILLE	5401 KINGSTON PIKE SUITE 130 KNOXVILLE, TN 379195022	Home Health Agency		(865) 558-8431
DONELSON HOME HEALTH A GENTIVA CO	115 WINWOOD DRIVE SUITE 101 LEBANON, TN 370870000	Home Health Agency		(615) 449-0045
ABC INC	DBA HOME INSTEAD SENIOR CARE 4635 CHAMBLISS AVENUE KNOXVILLE, TN 379190000	Home Health Agency		(865) 523-1300
EAST TN PERSONAL CARE SERVICE	320 N CEDAR BLUFF RD SUITE 220 KNOXVILLE, TN 379230000	Home Health Agency		(865) 692-2200
PROFESSIONAL CASE MANAGEMENT OF TN	800 OAKRIDGE TURNPIKE B 100 OAKRIDGE, TN 378300000	Home Health Agency		(303) 757-4808
HOME HELPERS OF EAST TN	2240 SUTHERLAND AVE STE 106 KNOXVILLE, TN 379190000	Home Health Agency		(865) 771-9119
CARESOUTH HHA HOLDINGS OF WINCHESTE	828 ROYAL PKWY STE 111 NASHVILLE, TN 372143748	Home Health Agency		(615) 889-3336
HIGHPOINT HOMECARE		Home Health Agency		(615) 328-6395

The results shown indicate the most current provider information available as of the search date. This information is updated weekly. Provider phone number information may not be current. Please verify this information in your local phone book.

January 22, 2015

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<u>Name</u>	<u>Address</u>	<u>Provider Type</u>	<u>Specialty</u>	<u>Office Phone</u>
	575 EAST BLEDSOE STREET SUITE 2 GALLATIN, TN 370663052			
CAMELLIA HOME HEALTH	2221 JACKSBORO PIKE SUITE C15 LAFALLETTE, TN 377660000	Home Health Agency		(423) 566- 6620
PERSONAL CARE CHOICES	357 N HOUSTON ST MARYVILLE, TN 378014764	Home Health Agency		(865) 681- 0999
SMOKY MOUNTAIN HOME HEALTH AND HOSP	222 HERITAGE BLVD NEWPORT, TN 378210000	Home Health Agency		(423) 623- 0233
THE HOME OPTION	DBA HARDEN HEALTHCARE 800 OAK RIDGE TURNPIKE#A208 OAK RIDGE, TN 378300000	Home Health Agency		(512) 663- 6550
RMCM HEALTHCARE LLC	DBA BRIGHTSTAR OF MEMPHIS 6300 POPLAR AVE STE 103 MEMPHIS, TN 381190000	Home Health Agency		(901) 522- 6899
GENTIVA HEALTH SERVICES	6223 HIGHLAND PLACE WAY STE 101 KNOXVILLE, TN 379194035	Home Health Agency		(865) 584- 3133

The results shown indicate the most current provider information available as of the search date. This information is updated weekly. Provider phone number information may not be current. Please verify this information in your local phone book.

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Visit the following websites for additional information on OWCP programs:

[DOL Home](#) | [OWCP Home](#) | [FECA Home](#) | [DCMWC Home](#) | [DEEOIC Home](#)

[Online Security](#) | [Browser Compatibility](#) | [Terms of Usage](#)



**Proof of Publication
Newspaper Verification**

January 22, 2015**4:21 pm****Laurie Glass**

From: Classified <classified@thedailytimes.com>
Sent: Friday, January 16, 2015 10:45 AM
To: Laurie Glass
Subject: Re: The Daily Times - Blount County - Ad#1640610

Yes, we are the newspaper of general circulation for Blount County, TN.

Sara

On Jan 16, 2015, at 11:39 AM, Laurie Glass wrote:

Sara, we have been asked by the State for confirmation that The Daily Times is a paper of general circulation for Blount County. Will you please confirm with a reply email?

Thank you for your assistance.

Laurie A. Glass
Legal Assistant to Kim H. Looney, Cory A. Brown and Angela C. Youngberg
<image003.png>
Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, TN 37219
615-850-8807
laurie.glass@wallerlaw.com

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January 22, 2015**4:21 pm****Laurie Glass**

From: Trecia <classifieds@lafollettepress.com>
Sent: Friday, January 16, 2015 11:41 AM
To: Laurie Glass
Subject: RE: LaFollette Press - Campbell County - Legal Ad 1/8/2015

Yes...LaFollette Press is a paper of general circulation for Campbell County.

Trecia Kindred
LaFollette Press
225 N. 1st Street
LaFollette, TN 37766
423-562-8468 ext.#221
classifieds@lafollettepress.com

From: Laurie Glass [<mailto:Laurie.Glass@wallerlaw.com>]
Sent: Friday, January 16, 2015 11:43 AM
To: classifieds@lafollettepress.com
Subject: LaFollette Press - Campbell County - Legal Ad 1/8/2015

Michell or Amy, we have been asked by the State for confirmation that the LaFollette Press is a paper of general circulation for Campbell County.

Will you please confirm with a reply email?

Thank you for your assistance.

Laurie A. Glass
Legal Assistant to Kim H. Looney, Cory A. Brown and Angela C. Youngberg

waller

Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, TN 37219
615-850-8807
laurie.glass@wallerlaw.com

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January 22, 2015**4:21 pm****Laurie Glass**

From: Amber Morgan <amorgan@CIVITASMEDIA.COM>
Sent: Friday, January 16, 2015 12:09 PM
To: Laurie Glass
Subject: Re: Claiborne Progress - Claiborne County - Legal Ad 1/7/2015

The Claiborne Progress is a paper of general circulation in Claiborne County.

Amber Morgan
Receptionist
Classified Advertising
Claiborne Progress
423-254-5588

From: Laurie Glass <Laurie.Glass@wallerlaw.com>
Sent: Friday, January 16, 2015 11:56 AM
To: Amber Morgan
Cc: Kim Looney; Catherine Rolon
Subject: Claiborne Progress - Claiborne County - Legal Ad 1/7/2015

Amber, we have been asked by the State for confirmation that the Claiborne Progress is a paper of general circulation for Claiborne County. Can you please confirm by email?

Thank you!

Laurie A. Glass
Legal Assistant to Kim H. Looney, Cory A. Brown and Angela C. Youngberg

waller

Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, TN 37219
615-850-8807
laurie.glass@wallerlaw.com

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January 22, 2015**4:21 pm****Laurie Glass**

From: Donna Campbell <classified@graingertoday.com>
Sent: Friday, January 16, 2015 10:55 AM
To: Laurie Glass
Subject: Re: Grainger Today - Grainger County - Legal Ad 1/7/2015

Importance: High

Laurie,
This paper, Grainger Today is the paper of general circulation for Grainger County.

Thanks,
Donna

On Jan 16, 2015, at 11:51 AM, Laurie Glass <Laurie.Glass@wallerlaw.com> wrote:

Donna, we have been asked by the State for confirmation that The Daily Times is a paper of general circulation for GRAINGER County. Will you please confirm with a reply email?

Thank you for your assistance.

Laurie A. Glass
Legal Assistant to Kim H. Looney, Cory A. Brown and Angela C. Youngberg
<image003.png>
Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, TN 37219
615-850-8807
laurie.glass@wallerlaw.com

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January 22, 2015**4:21 pm****Laurie Glass**

From: Monroe Classifieds <classifieds@advocateanddemocrat.com>
Sent: Friday, January 16, 2015 11:11 AM
To: Laurie Glass
Subject: RE: The Advocate & Democrat - Monroe County - Legal Ad 1/7/2015

Yes we are!

From: Laurie Glass [<mailto:Laurie.Glass@wallerlaw.com>]
Sent: Friday, January 16, 2015 12:01 PM
To: classifieds@advocateanddemocrat.com
Cc: Kim Looney; Catherine Rolan
Subject: The Advocate & Democrat - Monroe County - Legal Ad 1/7/2015

Pam, we have been asked by the State to provide confirmation that The Advocate and Democrat is a paper of general circulation for Monroe County. Can you please confirm by replying to this email?

Thank you!

Laurie A. Glass
Legal Assistant to Kim H. Looney, Cory A. Brown and Angela C. Youngberg

waller

Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, TN 37219
615-850-8807
laurie.glass@wallerlaw.com

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No virus found in this message.

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Version: 2013.0.3495 / Virus Database: 4257/8940 - Release Date: 01/16/15

January 22, 2015**4:21 pm****Laurie Glass**

From: lsuddath@morgancountynews.net
Sent: Tuesday, January 20, 2015 10:59 AM
To: Laurie Glass
Cc: Kim Looney; Catherine Rolen
Subject: Re: Roane County News (Roane Co) / Morgan County News (Morgan) - Legal Ads 1/7/2015

Hey Laurie,

Yes, The Roane County News and Morgan County News are both papers of general circulation. If you need anything else, just let me know.

Thanks,
Liz

Liz Suddath
Advertising Representative
Morgan County News
Office: 423-346-6225
Cell: 865-244-0479
lsuddath@morgancountynews.net

Quoting Laurie Glass <Laurie.Glass@wallerlaw.com>:

> Liz, per our telephone conversation this is the email I sent to
> Michelle and I understand she is out of the office. Can you please
> respond to this request? Thank you!
>
>
>
> Laurie A. Glass
> Legal Assistant to Kim H. Looney, Cory A. Brown and Angela C. Youngberg
> [Description: Waller]<<http://wallerlaw.com/>>
> Waller Lansden Dortch & Davis, LLP<<http://wallerlaw.com/>>
> 511 Union Street, Suite 2700
> Nashville, TN 37219
> 615-850-8807
> laurie.glass@wallerlaw.com
>
> From: Laurie Glass
> Sent: Monday, January 19, 2015 9:10 AM
> To: 'classifieds@roanecounty.com'
> Cc: Kim Looney; Catherine Rolen
> Subject: Roane County News (Roane Co) / Morgan County News (Morgan)
> - Legal Ads 1/7/2015
> Importance: High
>

January 22, 2015

4:21 pm

2015 JAN 22 PM 4:21

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> Michelle and Liz, we have been asked by the State for confirmation
> that Roane County News is a paper of general circulation for Roane
> County and Morgan County News is a paper of general circulation for
> Morgan County. We also understand Roane County News handles Morgan
> County News legal ads. Can you please confirm by replying to this
> email?

>

> Thank you!

>

> Laurie A. Glass

> Legal Assistant to Kim H. Looney, Cory A. Brown and Angela C. Youngberg

> [Description: Waller]<<http://wallerlaw.com/>>

> Waller Lansden Dortch & Davis, LLP<<http://wallerlaw.com/>>

> 511 Union Street, Suite 2700

> Nashville, TN 37219

> 615-850-8807

> laurie.glass@wallerlaw.com<<mailto:laurie.glass@wallerlaw.com>>

>

>

>

>

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January 22, 2015**4:21 pm****Laurie Glass**

From: Cora Queener <cqueener@highland.net>
Sent: Friday, January 16, 2015 11:39 AM
To: Laurie Glass
Subject: Re: Independent Herald (Scott County) - Legal Ad 1/8/2015

Laurie: The Independent Herald is a paper of general circulation for Scott County, TN. We also have the largest circulation of 5,000.

Hope this works!

Cora

On Jan 16, 2015, at 12:37 PM, Laurie Glass <Laurie.Glass@wallerlaw.com> wrote:

Cora, we have been asked by the State for confirmation that the Independent Herald is a paper of general circulation for Scott County. We understand that Scott County has two newspapers (the other being Scott County News). You also advised us that the Independent Herald has the largest circulation base in Scott County with printing 5,000 each week. Can you please confirm by replying to this email?

Thank you!

Laurie A. Glass
Legal Assistant to Kim H. Looney, Cory A. Brown and Angela C. Youngberg
<image002.png>
Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, TN 37219
615-850-8807
laurie.glass@wallerlaw.com

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Supplemental #2 -COPY-

**THE HOME OPTION BY
HARDEN HEALTH**

CN1501-001

January 29, 2015

VIA HAND DELIVERY

Phillip M. Earhart
HSD Examiner
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Certificate of Need Application CN1501-001
The Home Option by Harden Health Care

Dear Mr. Earhart:

This letter is submitted in response to your letter dated January 27, 2015, wherein additional information or clarification was requested regarding the above-referenced CON application:

1. Section B, Project Description, Item 1

It is understood that approximately 125 skilled home health patients in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane and Scott Counties will be transitioned from Gentiva Certified HealthCare Corp d/b/a Gentiva Health Services (License # 142) to Girling Health Care Inc. d/b/a Gentiva Health Services 2 (License #149) if this application is approved. It is also noted that it appears both agencies are located in the same building located at 320 North Cedar Bluff Road, Knoxville, TN and, if approved, Girling Health Care Inc. d/b/a Gentiva Health Services 2 License #149) will increase from approximately 206 patients (2013 JAR) to 331 patients. Please discuss the possible transition of the 125 home health patients including the timeframe, and current caseloads, capacity, and the availability of licensed staff at Girling Health Care Inc. d/b/a Gentiva Health Services 2 (License #149).

Response: Gentiva anticipates an orderly transition of patients. One option is for Gentiva to discontinue taking Medicare patients through GCHC and instead start seeing such patients through its sister licensed agency GHC, so that many patients will transition out of the services provided by GCHC simply by virtue of an end to their need for the home health services being provided. For any patients that need to be transferred, Gentiva will ensure that the patients have a choice. If they do not want to transfer to GHC to continue to receive care, Gentiva will facilitate their transfer to the home health provider of their choice. Gentiva anticipates that the staff who are currently providing services to the Medicare and other patient populations at GCHC will also be hired by GHC. Thus, there is no reason to expect that there will be any interruption in the level of services provided and there are

Phillip M. Earhart
January 29, 2015
Page 2

anticipated to be no capacity issues, as capacity is driven by availability of trained and qualified staff. Gentiva does not anticipate any layoffs of staff as a result of this proposed reorganization, but will strive to make the transition as seamless as possible for the patients.

2. Section C, Need, Item 1.a. (Project Specific Criteria-Home Health Services) (1.-4.)

Please address the Home Health Criteria since the applicant is proposing to add 8 counties to its existing service area. You will need to provide historical utilization data for home health agencies in the proposed service area and calculate the home health need for the counties in the proposed service area as detailed below. *In responses to questions 2-5 of the Project Specific Criteria-Home Health Services in Supplemental #1, the applicant references the response in question #1, which is not a satisfactory response.* Please do not refer to other parts of the application when responding to requests for supplemental information.

Response: The need formula is referenced below. As previously stated, there is not a need for any additional home health agencies in any of the counties proposed according to the need formula. However, whether or not a need exists for additional home health agencies or services in a given county should not be determinative of whether or not this application is approved. Gentiva seeks to reorganize its existing services so that one of its licensed agencies will concentrate on services provided to the EEOICPA program, while its other two agencies will focus primarily on the Medicare and other patient populations. Both Harden and GCHC are licensed home health agencies in the state of Tennessee and collectively are licensed in all of the counties that are the subject of this application. Simultaneously with the addition of counties to the license for Harden, the same counties will be de-licensed for GCHC, both of which are owned by Gentiva. There are no new services or new counties being served as a result of this application; it is a reorganization of existing services between related entities. Gentiva has demonstrated a need for this internal reorganization throughout the application as well as in these and the previous supplemental responses.

A) Your response to the items is noted. A review of the Department of Health Division for Licensing Health Care Facilities web-site indicates there are 39 home health agencies licensed to serve the applicant's proposed service area. This expanded listing will likely affect your calculations of gross need, the inventory of agencies which are currently serving the proposed service area, and the net need for additional agencies at this time and in the near-term future.

Response: As is shown in the charts below, there is no need for additional home health agencies in any of the counties proposed according to the need formula. However, the number of agencies providing home health services in this service area and any lack of need for additional home health agencies should not be determinative of whether or not a need for this project exists. This application is for an internal reorganization by Gentiva of existing licensed home health agencies. There are no new services or new counties being served as a result of this application; it is a reorganization of existing services between related entities.

waller

Phillip M. Earhart
January 29, 2015
Page 3

Gentiva seeks to reorganize its existing services so that one of its licensed agencies will concentrate on services provided to the EEOICPA program, while its other two agencies will focus primarily on the Medicare and other patient populations. Both Harden and GCHC are licensed home health agencies in the state of Tennessee and collectively are licensed in all of the counties that are the subject of this application. Simultaneously with the addition of these 8 counties to the license for Harden, GCHC will de-license the same 8 counties. Gentiva already has the ability to provide all services referenced through its licensed agencies in this area. It feels that it can provide more efficient and effective care to the specialized patient population if it is allowed to focus the provision of this care in one agency, rather than having to split it among several. Gentiva has demonstrated a need for this reorganization throughout the application as well as in these and the previous supplemental responses.

B) Guidelines for Growth Methodology: Because the scope of the project includes the addition of 8 counties to an existing HHA's license, the applicant must include all existing licensed HHAs authorized to serve the Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott County service area in order to apply the need formula correctly. This can be done using the following table (*please note that utilization is requested for three JAR reporting periods*).

Existing Licensed HHAS & Their Utilization serving the 8-County Declared Service Area

Agency License #	County of Parent Office	Date Licensed	Total Counties Authorized in License (# Counties in PSA)	2011 JAR Total Patients Served	2012 JAR Total Patients Served	2013 JAR Total Patients Served
Clinch River Home Health - 01032	Anderson	10/26/1976	7 (4)	116	111	116
Professional Case Management of Tennessee - 01042	Anderson	01/30/2008	11 (6)	45	56	51
Blount Memorial Hospital Home Health Services - 05012	Blount	06/06/1984	19 (6)	1,262	1,208	1,132
Home Health Care of East Tennessee, Inc - 06063	Bradley	03/14/1984	17 (3)	827	867	645
Sunbelt Homecare - 07032	Campbell	08/10/1984	7 (5)	253	225	252
Amedisys Home Health of Tennessee - 13022	Claiborne	10/08/1982	5 (3)	1,439	1,736	1,728
Suncrest Home Health & Hospice - 13032	Claiborne	09/14/1984	11 (3)	365	451	401
Smoky Mountain Home Health & Hospice - 15032	Cocke	11/09/1989	12 (2)	47	54	32
Elk Valley Health Services Inc. - 19494	Davidson	07/17/1984	95 (8)	21	18	20
Home Care Solutions, Inc. - 19544	Davidson	09/07/1988	46 (5)	37	74	125
Quality Home Health - 25044	Fentress	03/07/1984	13 (4)	1,299	1,112	992
Quality Private Duty Care - 25034	Fentress	10/28/1983	9 (2)	47	63	86
Amedisys Home Health Care -	Hamblen	12/13/1982	13 (3)	685	606	669

January 29, 2015**4:24 pm****waller**

Phillip M. Earhart
January 29, 2015
Page 4

32102						
Premier Support Services, Inc. - 32132	Hamblen	05/16/1984	16 (2)	53	38	85
Univ. of TN Med. Ctr Home Health/Hospice Service - 32122	Hamblen	12/18/1984	10 (1)	101	98	104
Alere Women's and Children's Health LLC - 33423	Hamilton	11/13/1998	13 (1)	1	2	2
Amedisys Home Health - 33103	Hamilton	07/01/1981	20 (2)	176	149	179
Gentiva Health Services - 33093	Hamilton	08/24/1984	12 (1)	0	0	0
Hancock County Home Health & Hospice Agency - 34011	Hancock	07/23/1975	4 (2)	33	39	118
Hometown Home Health Care, Inc. - 37021	Hawkins	01/09/1995	3 (1)	5	No 2012 JAR	6
Amedisys Home Health Care - 47202	Knox	08/02/1984	28 (8)	1,123	1,182	862
Camellia Home Health of East Tennessee - 47062	Knox	09/07/1978	22 (8)	421	428	358
Careall Home Care Services - 47232	Knox	08/21/1989	6 (4)	103	104	206
Covenant Homecare - 47402	Knox	07/14/1978	16 (8)	777	781	883
East Tennessee Children's Hospital Home Health - 47222	Knox	09/13/1984	16 (8)	180	143	167
Gentiva Health Services - 47042	Knox	11/28/1977	16 (8)	131	127	121
Gentiva Health Services 2 (Girling Health Care) - 47182	Knox	08/15/1984	18 (7)	127	133	206
Maxim Healthcare Services, Inc. - 47432	Knox	06/20/1984	18 (7)	33	46	52
NHC Homecare - 47012	Knox	06/10/1977	15 (6)	39	38	44
Tennova Healthcare Home Health - 47092	Knox	02/29/1980	15 (7)	663	547	573
UTMCK-Home Care Services: Hospice & Home Care - 47132	Knox	07/20/1983	15 (8)	680	919	941
Deaconess Homecare - 52024	Lincoln	02/25/1976	25 (2)	0	0	0
NHC Homecare - 54043	McMinn	02/13/1984	8 (2)	46	27	42
Intrepid USA Healthcare Services - 62052	Monroe	09/10/1984	15 (7)	24	31	33
Sweetwater Hospital Home Health - 62062	Monroe	08/20/1984	5 (2)	383	452	464
Professional Home Health Care Agency - 96030	Other	09/02/1977	2 (2)	10	9	13
Amedisys Home Health - 67024	Overton	01/17/1984	11 (3)	195	47	112
NHC Homecare - 75024	Rutherford	05/17/1976	24 (1)	0	1	2
Deaconess Homecare - 76032	Scott	09/20/1985	5 (3)	387	340	382

The next step regarding the need formula for home health services (Items 1-4) is to collate the data and show your work using the chart that follows:

Phillip M. Earhart
January 29, 2015
Page 5

Home Health Need Formula in the Applicant's 8-county Service Area

County (A)	# Licensed Agencies (B)	2015 Pop (C)	Patients served (2013) (D)**	Use Rate (Patient /1000 pop.) (E)	2019 Pop (F)	Projected Capacity (Fx E) (G)	Projected Need (.015 X F) (H)	Net Need (surplus) (H-G)
				(Column D Divided by Column C)		Column E Times Column F	Column F Times 0.015	Column G Minus Column H
Blount	19	129,973	2,507	19.29	137,058	2,643.85	2,055.87	(588)
Campbell	24	41,783	1,715	41.05	42,792	1,756.61	641.88	(1,115)
Claiborne	23	32,765	2,002	61.10	33,449	2,043.73	502.49	(1,541)
Grainger	22	23,236	886	38.13	23,850	909.40	357.75	(552)
Monroe	20	46,563	1,517	32.58	48,648	1,584.95	729.72	(855)
Morgan	25	21,870	472	21.58	22,076	476.40	331.14	(145)
Roane	26	54,079	2,354	43.53	54,631	2,378.09	819.47	(1,559)
Scott	21	21,915	835	38.10	22,021	839.00	330.32	(509)

Note: Total Unduplicated agencies in service area is 39.

C) Based on the results of the need formula, please discuss what impact the proposed project will have on home health need in the service area.

Response: This application is expected to have no impact on the provision of home health services or need in the proposed service area even though as calculated by the need formula above, there is no need for any additional home health agencies in any of the counties proposed. Gentiva is already providing all of these services through its existing agencies. Whether or not a need exists according to the need formula should not be determinative of the need for this particular application. Rather Gentiva seeks to reorganize its existing services so that one of its licensed agencies will concentrate on services provided to patients in the EEOICPA program, while its other two agencies will focus primarily on the Medicare and other patient populations. As stated in the application, Gentiva feels that the ability to focus on the needs of the EEOICPA patient population in one agency will allow it to provide more efficient and effective care to its patients. Both Harden and GCHC are licensed home health agencies in the state of Tennessee and collectively are licensed in all of the counties that are the subject of this application. There are no new services or new counties being served as a result of this application; it is a reorganization of existing services between related entities. Gentiva can continue to provide the services the way they are currently being provided. However, Gentiva has determined that it is better for the provision and efficiency of care for the patients if the care for this particular patient population can be concentrated in one agency rather than distributed across two, as discussed in more detail in the application. Gentiva's need for this proposed reorganization has been demonstrated throughout the application as well as in the first and second supplemental responses.

3. Section C. Need, Item 1 (Specific Criteria: Home Health Services, Item 5 – Documentation of Referral Sources)

Phillip M. Earhart
January 29, 2015
Page 6

The applicant provided responses to the following standards but did not provide the required documentation.

Please provide the requested documentation addressing the following standards:

Letters:

5 (a) The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.

5 (c) The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.

Response: Please Attachment C Need, Item 5(c) - letter from John T. Foust, M.D., oncologist with Thompson Cancer Center in Oak Ridge, Tennessee.

Please provide a narrative response to the following questions. Please do not refer to other parts of the application.

Other

5 (b) The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.

5 (d) The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.

Response: The EEOICPA is a federal program created by Congress to compensate nuclear weapons workers who were made ill, or the surviving family members of deceased workers, by work done in the nuclear weapons industry beginning in WWII. The EEOICPA program also provides medical benefits for approved illnesses, including home health care. The EEOICPA covers workers who have been diagnosed with cancer or any other illness caused by chemical or toxins and who worked at one of the covered DOE facilities, which includes the facilities in Oak Ridge. Some of the services provided include in-home skilled nursing care, and the services of a home health aide to assist with activities of daily living, such as mobility around the house, dressing, and feeding and food preparation. Other services provided may include the administration of medication, medical monitoring, dressing changes, and medical equipment checks.

As stated in the application, referrals do not come from physicians in the same way that referrals come from physicians for the Medicare patient population. Physicians identify patients who may qualify for the EEOICPA program and its benefits at the same time as they need home health care, in which case, the patient would generally be given a list of enrolled

Phillip M. Earhart
January 29, 2015
Page 7

providers in its area and choose a provider in that way. A physician may also be treating a patient who is already enrolled in the program and determines they need home health services, in which case the physician may help direct the referral to an appropriately enrolled agency. There is a very limited choice of home health providers who are enrolled in the EEOICPA program. There is an even smaller subset of providers who may focus on this patient population. Gentiva is seeking this reorganization because it feels that it can more effectively and efficiently provide care to this patient population if it is focusing on it rather than diluting its efforts by seeking to serve all patient populations. To Gentiva's knowledge, there is only one other provider in the area who focuses on this patient population, Professional Case Management. By choosing to focus on this particular patient population and because there are relatively few home health providers enrolled in the EEOICPA program, the services provided are substantially different than those provided by the overwhelming majority of the providers in the service area. Of the 39 licensed home health providers in the service area, only a handful are enrolled in the EEOICPA program. Gentiva feels it is important for patients to have a choice in the provider of their home health services. This proposed reorganization will enable that to happen.

4. Section C, Economic Feasibility, Item 2

It is noted the project's \$35,000 legal, administrative, and Consultant Fees will be paid by the applicant and are anticipated to be paid on an ongoing basis. However, please provide appropriate documentation (letter) of funding for the proposed project from the Chief Financial Officer for the \$35,000 legal, administrative, and Consultant Fees.

Response: Please see attached letter from the CFO for Gentiva included as Attachment C - Economic Feasibility - Item 2.

5. Section C, Economic Feasibility, Item 4. (Projected Data Chart)

As requested in the previous supplemental request, please provide a Projected Data Chart for The Home Option of Harden Health Care as a whole which includes the 8 proposed counties subject to this application.

Response: Please see Projected Data Chart included as Attachment C - Economic Feasibility - Item 4.

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Phillip M. Earhart
January 29, 2015
Page 8

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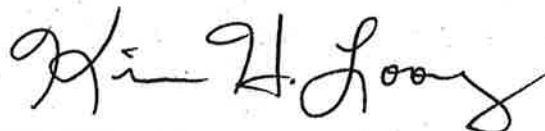
SUPPLEMENTAL #2

January 29, 2015

4:24 pm

If you have any questions, please contact me by phone at 850-8722 or by email at kim.looney@wallerlaw.com

Sincerely,

A handwritten signature in black ink, appearing to read "Kim H. Looney". The signature is fluid and cursive, with the first name "Kim" and last name "Looney" clearly distinguishable.

Kim Harvey Looney
Waller Lansden Dortch & Davis LLP

KHL:lg
Attachments

January 29, 2015

4:24 pm

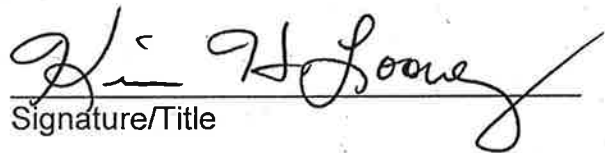
AFFIDAVIT

STATE OF TENNESSEE

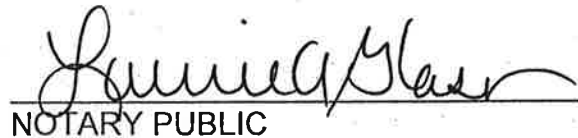
COUNTY OF DAVIDSON

NAME OF FACILITY: The Home Option by Harden Healthcare CN1501-001

I, KIM H. LOONEY, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.


Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 29th day of January, 2015, witness my hand at office in the County of Davidson, State of Tennessee.


NOTARY PUBLIC

My commission expires January 8, 2019.

HF-0043

Revised 7/02



MY COMMISSION EXPIRES:
JANUARY 8, 2019

Attachment C-Need, Item 5(c)
Physician Letter

January 29, 2015**4:24 pm**

Ms. Melanie Hill
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: CON Application for The Home Option by Harden Health Care

Dear Ms. Hill:

I am a physician practicing in Anderson County. My patients come from Anderson County and the surrounding areas. Some of my patients are enrolled in the EEOICPA program through the Department of Labor. When they need home health care, it is best for the patient if they are referred to an agency that specializes in such care. To my knowledge, there is only one other agency in this service area that focuses on this patient population. The remaining agencies primarily serve the traditional Medicare patient population. I understand that The Home Option by Harden Health Care is seeking to add counties to its home health agency that serves this patient population. I would like to be able to refer to them in this expanded service area. To have another option, so that patients could have a choice in their home health provider, would be good for me and my patients.

I hope you will approve the request by The Home Option by Harden Health Care to add counties to its existing license.

Sincerely,



Attachment C - Economic Feasibility - Item 2
CFO Letter

January 29, 2015**4:24 pm**

January 28, 2015

Ms. Melanie Hill
Executive Director
Health Services & Development Agency
Suite 850
500 Deaderick Street
Nashville, Tennessee 37243

Re: Certificate of Need Application CN1501-001
The Home Option by Harden Healthcare

Dear Ms. Hill:

This letter certifies that Gentiva Health Services, Inc., which is the ultimate parent company over Gentiva Health Services Holding Corp, Harden Healthcare Holdings, LLC, Harden Healthcare, LLC, Harden Home Health, LLC and Girling Health Care Services of Knoxville, Inc., hereby anticipates funding the above-referenced project in the amount of \$35,000 from cash reserves.

Gentiva Health Services, Inc.'s resources are described in the 2013 Annual Report, which is included in the CON application. There are sufficient funds available to fund the above project from current cash reserves.

Sincerely,

Eric Slusser
Executive Vice President,
Chief Financial Officer and Treasure

cc: Tony Strange, President
Kim H. Looney, Esq. (Waller Lansden)

Attachment C-Economic Feasibility, Item 4
Projected Data Chart

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PROJECTED DATA CHART

January 29, 2015

Give information for the two (2) years following the completion of this proposal: **4:24 pm** fiscal year begins in January (Month).

	<u>Year-2015</u>	<u>Year-2016</u>
A. Utilization Data (Specify unit of measure) No. of Patients	<u>72</u>	<u>83</u>
B. Revenue from Services to Patients		
1. Inpatient Services	\$ <u> </u>	\$ <u> </u>
2. Outpatient Services	<u> </u>	<u> </u>
3. Emergency Services	<u> </u>	<u> </u>
4. Other Operating Revenue (Specify) <u> </u>	<u> </u>	<u> </u>
Gross Operating Revenue	\$3,000,000	\$3,500,000
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	\$ <u> </u>	\$ <u> </u>
2. Provision for Charity Care	<u> </u>	<u> </u>
3. Provisions for Bad Debt	\$20,000	\$20,000
Total Deductions	\$20,000	\$20,000
NET OPERATING REVENUE	\$2,980,000	\$3,480,000
D. Operating Expenses		
1. Salaries and Wages	\$1,800,000	\$2,133,333
2. Physician's Salaries and Wages	<u> </u>	<u> </u>
3. Supplies	\$25,000	\$25,000
4. Taxes	<u> </u>	<u> </u>
5. Depreciation	\$1,800	\$1,800
6. Rent	\$10,800	\$10,800
7. Interest, other than Capital	<u> </u>	<u> </u>
8. Management Fees:		
a. Fees to Affiliates	\$36,450	\$43,200
b. Fees to Non-Affiliates	<u> </u>	<u> </u>
9. Other Expenses -- Specify on separate page 12	<u> </u>	<u> </u>
Total Operating Expenses	\$1,874,050	\$2,214,133
E. Other Revenue (Expenses) -- Net (Specify) <u> </u>	\$ <u> </u>	\$ <u> </u>
NET OPERATING INCOME (LOSS)	\$ <u> </u>	\$ <u> </u>
F. Capital Expenditures		
1. Retirement of Principal	\$ <u> </u>	\$ <u> </u>
2. Interest	<u> </u>	<u> </u>
Total Capital Expenditures	\$ <u> </u>	\$ <u> </u>
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	\$1,105,950	\$1,265,867



State of Tennessee

Health Services and Development Agency

Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

Date: March 3, 2015

To: HSDA Members

From: Melanie M. Hill, Executive Director

**Re: CONSENT CALENDAR JUSTIFICATION
CN1501-001 – The Home Option by Harden Healthcare**

As permitted by Statute and further explained by Agency Rule on the last page of this memo, I have placed this application on the consent calendar based upon my determination that the application appears to meet the established criteria for granting a certificate of need. If Agency Members determine that the criteria have been met, a member may move to approve the application by adopting the criteria set forth in this justification or develop another motion for approval that addresses each of the three criteria required for approval of a certificate of need. If you find one or more of the criteria have not been met, then a motion to deny is in order.

At the time the application entered the February 2015 review cycle, it was not opposed. If the application is opposed prior to being heard, it will move to the bottom of the regular March agenda and the applicant will make a full presentation.

Summary—

The Home Option by Harden Healthcare (Harden) is seeking approval for the addition of eight counties (Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott) to its existing six-county service area (Anderson, Jefferson, Knox, Loudon, Sevier, and Union). Harden is located at 800 Oak Ridge Turnpike, Suite A208, Oak Ridge (Anderson County), TN 37830. The agency is licensed as a home care organization providing home health services. It has no limitations on the type of home health services it

provides but it does focus primarily on persons eligible for benefits under two specific federal programs administered by the Department of Labor, EEOICPA and RECA¹.

On October 28, 2013, Gentiva Health Services, Inc. acquired Harden's parent organization. Since Gentiva already owned an agency in the area (GCHC) and acquired Harden's sister agency (Girling Health Care, Inc.) in that same transaction, it set about to reorganize its three agencies. Gentiva determined that since both GCHC and Harden provided EEOICPA services it would be best to focus these services under the Harden license because it provided the majority of these specialized services in the area.

While technically this is an initiation of home health services in Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott Counties for Harden, it would not result in an additional home health agency serving the area because GCHC proposes to de-license the same eight counties if this application is approved. So there is no duplication of services, I strongly recommend that any motion to approve this application include a condition requiring GCHC to de-license Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott concurrently with the licensure of those counties to Harden.

Harden was the subject of a previous CON application (**CN1209-043**) to relocate the parent agency from Knox County to Anderson County so it could focus on the EEOICPA population. CN1209-043A was approved on the CONSENT CALENDAR at the November 14, 2012 agency by unanimous vote.

Executive Director Justification -

I recommend the Agency approve certificate of need application CN1501-001 to add Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott Counties to the existing service area of The Home Option by Harden Healthcare, which is currently licensed to serve Anderson, Jefferson, Knox, Loudon, Sevier, and Union Counties based upon the following criteria and the condition that follows:

Need- The need to add the eight counties is justified by the special needs of the EEOICPA and RECA program participants. It makes good sense financially and most definitely from a patient care perspective that these patients should be cared for by an agency that specializes in this population.

Economic Feasibility- The project is being funded by cash reserves. The only true cost of the project is the CON application filing fee and the legal fees associated with it. Since this is an existing agency, positive cash flow is expected immediately.

Contribution to the Orderly Development of Health Care-The project does contribute to the orderly development of health care because it will consolidate care of a special needs population into one agency, leaving its two sister agencies to provide more general home health services. It does not

¹Energy Employees Occupational Illness Compensation Program Act (EEOICPA) and Radiation Exposure Compensation Act (RECA) are more fully described in the application.

duplicate services because sister agency GCHC has agreed to de-license those counties from its service area.

CONDITION: GCHC will de-license Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott Counties from its license concurrent with the addition of these same counties to the Harden license.

Statutory Citation -TCA 68-11-1608. Review of applications -- Report

(d) The executive director may establish a date of less than sixty (60) days for reports on applications that are to be considered for a consent or emergency calendar established in accordance with agency rule. Any such rule shall provide that, in order to qualify for the consent calendar, an application must not be opposed by any person with legal standing to oppose and the application must appear to meet the established criteria for the issuance of a certificate of need. If opposition is stated in writing prior to the application being formally considered by the agency, it shall be taken off the consent calendar and placed on the next regular agenda, unless waived by the parties.

Rules of the Health Services and Development Agency - 0720-10-.05 CONSENT CALENDAR

- (1) Each monthly meeting's agenda will be available for both a consent calendar and a regular calendar.
- (2) In order to be placed on the consent calendar, the application must not be opposed by anyone having legal standing to oppose the application, and the executive director must determine that the application appears to meet the established criteria for granting a certificate of need. Public notice of all applications intended to be placed on the consent calendar will be given.
- (3) As to all applications which are placed on the consent calendar, the reviewing agency shall file its official report with The Agency within thirty (30) days of the beginning of the applicable review cycle.
- (4) If opposition by anyone having legal standing to oppose the application is stated in writing prior to the application being formally considered by The Agency, it will be taken off the consent calendar and placed on the next regular agenda. Any member of The Agency may state opposition to the application being heard on the consent calendar, and if reasonable grounds for such opposition are given, the application will be removed from the consent calendar and placed on the next regular agenda.
 - (a) For purposes of this rule, the "next regular agenda" means the next regular calendar to be considered at the same monthly meeting.
- (5) Any application which remains on the consent calendar will be individually considered and voted upon by The Agency.

January 26, 2015

VIA HAND DELIVERY

Ms. Melanie Hill, Executive Director
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street

Re: Certificate of Need Application CN1501-001
The Home Option by Harden Healthcare

Dear Melanie:

Please be advised that the applicant requests that the above-referenced application be placed on the consent calendar. The applicant would expect no opposition to this project since it involves a reorganization of services provided by existing licensed agencies through the addition of counties to one agency simultaneously with the de-licensure of those same counties from the other sister agency whose license includes them. No new counties or services will be added as a result of this Certificate of Need.

If you have any questions or need additional information, please do not hesitate to call me.

Sincerely,



Kim Harvey Looney

KHL:cr

**CERTIFICATE OF NEED
REVIEWED BY THE DEPARTMENT OF HEALTH
DIVISION OF POLICY, PLANNING AND ASSESSMENT
615-741-1954**

DATE: March 31, 2015

APPLICANT: The Home Option by Harden Healthcare
800 Oak Ridge Turnpike, Suite A-208
Oak Ridge, Tennessee 37830-6957

CON #: CN1501-001

CONTACT PERSON: Kim H. Looney, Esquire
Waller Lansden Dortch & Davis, LLP
Suite 2700, 511 Union Street
Nashville, Tennessee 37219

COST: \$38,000

In accordance with Section 68-11-1608(a) of the Tennessee Health Services and Planning Act of 2002, the Tennessee Department of Health, Division of Policy, Planning, and Assessment, reviewed this certificate of need application for financial impact, TennCare participation, compliance with *Tennessee's State Health Plan*, and verified certain data. Additional clarification or comment relative to the application is provided, as applicable, under the heading "Note to Agency Members."

SUMMARY:

The applicant, The Home Option by Hardin Health Care, located at 800 Oak Ridge Turnpike, Suite A 208, Oak Ridge (Anderson County), Tennessee 37830-6957, seeks Certificate of Need (CON) approval for the initiation of home health services in Blount, Campbell, Claiborne, Granger, Monroe, Morgan, Roane, and Scott counties. If approved, the applicant's sister agency, Gentiva Certified Healthcare Corporation, proposes to de-license the same eight counties. The Home Health Option by Hardin is located at the above address and is currently licensed for Anderson, Jefferson, Knox, Loudon, Sevier and Union counties. Gentiva would then give up their current CON those licensed counties so there would be no duplication of services.

Gentiva Health Services, Inc. is a leading provider of home health services, hospice services, and community care services serving patients in 550 locations in 40 states. Gentiva acquired Harden Health Care Holdings, Inc. in 2013. Harden Home Care Option by Harden Care is part of Harden Holdings, Inc. The applicant provides an organization chart in Attachment A-3 of the application.

Harden currently delivers home health services primarily to persons eligible under the Energy Employees Occupational Illness Compensation Act (RECA). To compensate for certain occupation-related illnesses, Congress enacted statutes to provide compensation and health benefits to eligible Department of Energy nuclear weapons workers (including employees, former employees, contractors and sub-contractors) and lump-sum compensation to certain survivors if the worker is deceased. The Energy Employees Occupational Illness Program (EEOICP) provides benefits authorized by the EEOICPA and RECA. As an enrolled medical provider under EEOICPA, Hardin specializes in meeting the long-term nursing care needs of approved beneficiaries.

The reorganization will enable Gentiva to structure its existing agencies so that the care provided for these patients of the EEOICPA program will be concentrated primarily in Hardin. Gentiva and Hardin are enrolled providers with the Department of Labor for the provision of these services, and both providers provide these services. Harden focuses on services through EEOICPA, while Gentiva provides traditional home health services reimbursed through Medicare.

The applicant states there are no ongoing costs for this project and there are no funding sources for this project. The filing fee was paid at the time the application was filed and the legal fees associated with the project are anticipated to be paid on an ongoing basis. The project cost is \$38,000.

This application has been placed on the Consent Calendar. Tennessee Code Annotated (T.C.A.) § 68-11-1608 Section (d) states the executive director of Health Services and Development Agency may establish a date of less than sixty (60) days for reports on applications that are to be considered for a consent or emergency calendar established in accordance with agency rule. Any such rule shall provide that, in order to qualify for the consent calendar, an application must not be opposed by any person with legal standing to oppose and the application must appear to meet the established criteria for the issuance of a certificate of need. If opposition is stated in writing prior to the application being formally considered by the agency, it shall be taken off the consent calendar and placed on the next regular agenda, unless waived by the parties.

GENERAL CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all of the general criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan*.

NEED:

The applicant's service area includes Blount, Campbell, Claiborne, Grainger, Monroe, Morgan, Roane, and Scott Counties.

Service Area Total Population Projections for 2015 and 2019

County	2015 Population	2019 Population	% Increase or (Decrease)
Blount	129,973	137,058	5.5%
Campbell	41,783	42,792	5.7%
Claiborne	32,765	33,449	2.1%
Grainger	23,236	23,850	2.6%
Monroe	46,563	48,648	4.5%
Morgan	21,870	22,076	0.9%
Roane	54,079	54,631	1.0%
Scott	21,915	22,021	0.5%
Total	372,184	384,525	3.3%

Source: *Tennessee Population Projections 2000-2020, 2013 Revision*, and *2013 Joint Annual Report of Home Health Agencies*, Tennessee Department of Health, Division of Health Statistics

The service area utilization of all home health agencies as reported in the Joint Annual Report is provided in the chart below.

Home Health Patients and Need in Service Area

County	# of Agencies Serving	2013 Population	Patients Served	2018 Population	Projected Capacity	0.15% X 2018 Population	Need/(Surplus) 2018
Blount	18	126,809	2,507	135,171	8,672	2,028	(645)
Campbell	18	41,163	1,715	42,566	1,773	638	(1,135)
Claiborne	15	32,457	2,002	33,280	2,053	499	(1,554)
Grainger	20	22,994	886	23,675	912	355	(557)
Monroe	19	45,664	1,517	48,088	1,598	721	(876)
Morgan	21	21,826	472	22,004	476	330	(146)
Roane	22	53,918	2,354	54,457	2,378	817	(1,561)
Scott	15	21,986	835	21,969	834	330	(505)
Totals							(6,979)

Source: *Tennessee Population Projections 2000-2020, June 2013 Revision*, Tennessee Department of Health, Division of Health Statistics and the *Joint Annual Report of Home Health Agencies, 2013 (Final)*.

Note to Agency Members: The Home Health Need is based on the 2013 Final Joint Annual Report of Home Health Agencies and the 2013 population. This does not correspond with the current and projected population numbers located above nor is it meant to be.

There is a surplus of 6,979 in the service area, with no County showing a need.

The applicant states this reorganization will enable Gentiva to structure its existing agencies so that the care provided for patients of this EEOICPA program will be concentrated under Harden. No new home health services are being proposed. Gentiva proposes to initiate home health services in the 8 county service area through the transfer of these counties from its licensed sister agency. Home Health Services are already provided in the proposed counties by Gentiva and Harden. After the project is implemented, Harden will be licensed in Anderson, Jefferson, Knox, Loudon, Sevier, and Union. Gentiva, its sister agency will give up its license in Blount, Campbell, Claiborne, Granger, Monroe, Morgan, Roane, and Scott, so there will be no duplication in these counties. Home Health Services are currently provided in all these counties through two licensed home health agencies-Harden and Gentiva.

TENNCARE/MEDICARE ACCESS:

The applicant will not participate in the Medicare and Medicaid programs. The payor mix for this project is 90% EEOICP and 10% private insurance.

ECONOMIC FACTORS/FINANCIAL FEASIBILITY:

The Department of Health, Division of Policy, Planning, and Assessment has reviewed the Project Costs Chart, the Historical Data Chart, and the Projected Data Chart to determine they are mathematically accurate and the projections are based on the applicant's anticipated level of utilization. The location of these charts may be found in the following specific locations in the Certificate of Need Application or the Supplemental material:

Project Costs Chart: The Project Costs Chart is located on page 19 of the application. The total project cost is \$38,000.

Historical Data Chart: The Historical Data Chart is located in Supplemental 1 of the application. The applicant reported 72 patients in 2014. The applicant reported net operating revenues of \$987,027.

Projected Data Chart: The Projected Data Chart is located in Supplemental 2. The applicant projects 72 and 83 patients in years one and two, respectively. The total net operating revenue in year one is projected to be \$1,105,950 and \$1,265,867 in year two of the project.

The applicant provides the EEOICPA fee schedule for providers participating in the program in Supplemental 1. The applicant projects \$41,666.67 and \$42,270.53 per patient in 2015 and 2016.

This project does not include the initiation of any new services or the addition of any new counties. One option would be to do nothing because Gentiva can continue to provide these services through its two licensed agencies. Gentiva proposes to reorganize services provided by these two agencies so that Harden will focus on the Department of Labor programs through EEOICPA and RECA, while Gentiva will continue to focus on the traditional home health services reimbursed through Medicare and Medicaid.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE:

The applicant reports they have no other contractual relationships with other area providers. The EEOICPA is its primary source.

This project is merely a reorganization of services and will have no effect on existing services. The applicant had 7.0 FTE nurses, 18.0 FTE LPNs, and 24.0 FTE CNAs reported in the 2013 Joint Annual Report.

The applicant is licensed by the Tennessee of Health, Board for Licensing Healthcare Facilities. The applicant's most recent survey contained no deficiencies.

SPECIFIC CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all relevant specific criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan*.

HOME HEALTH SERVICES

1. The need for home health agencies/services shall be determined on a county by county basis.
2. In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county.

The 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed service area.

The service area utilization of all home health agencies as reported in the Joint Annual Report is provided in the chart below.

Home Health Patients and Need in Service Area

County	# of Agencies Serving	2013 Population	Patients Served	2018 Population	Projected Capacity	0.15% X 2018 Population	Need/(Surplus) 2018
Blount	18	126,809	2,507	135,171	8,672	2,028	(645)
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Scott	15	21,986	835	21,969	834	330	(505)
Totals							(6,979)

Source: Tennessee Population Projections 2000-2020, June 2013 Revision, Tennessee Department of Health, Division of Health Statistics and the Joint Annual Report of Home Health Agencies, 2013 (Final).

There is a surplus of 6,979 in the service area, with no County showing a need.

3. Using recognized population sources, projections for four years into the future will be used.

Service Area Population 2015 and 2019

County	2015 Population	2019 Population	% Increase or (Decrease)
Blount	129,973	137,058	5.5%
Campbell	41,783	42,792	5.7%
Claiborne	32,765	33,449	2.1%
Grainger	23,236	23,850	2.6%
Monroe	46,563	48,648	4.5%
Morgan	21,870	22,076	0.9%
Roane	54,079	54,631	1.0%
Scott	21,915	22,021	0.5%
Total	372,184	384,525	3.3%

Source: Tennessee Population Projections 2010-2020, June 2013 Revision, Tennessee Department of Health, Division of Policy, Planning, and Assessment-Office of Health Statistics

4. The use rate of existing home health agencies in the county will be determined by examining the latest utilization rate as calculated in the Joint Annual Report of existing home health agencies in the service area.

Based on the number of patients served by home health agencies in the service area, an estimation will be made as to how many patients could be served in the future.

There is a surplus of 6,979 in the service area, with no County showing a need.

5. Documentation from referral sources:
 - a. The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.
 - b. The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.
 - c. The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.
 - d. The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.

The services that Gentiva proposes to concentrate in Harden are different from the services offered by the majority of the existing providers with the exception of Professional Case Management.

6. The proposed charges shall be reasonable in comparison with those of other similar facilities in the service area or in adjoining service areas.
 - a. The average cost per visit by service category shall be listed.
 - b. The average cost per patient based upon the projected number of visits per patient shall be listed.

The applicant provides the EEIOCPA fee schedule for providers participating in the program in Supplemental 1. The applicant projects \$41,666.67 and \$42,270.53 per patient in 2015 and 2016

